

LAKESHORE FARM MANAGEMENT ASSOCIATION

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RELEASE FOR REQUEST OF FINANCIAL INFORMATION

Please complete, sign, and return to LFM.

To allow Lakeshore Farm Management to contact your financial institution(s), or any other party for the purpose of sharing financial information directly with them, please complete the following and return to LFM as soon as possible. Information may include (but is not limited to) loan, checking and savings accounts, income tax documents, and other financial reports for you individually, your business, the owners, and/or guarantors. By signing this authorization, you are agreeing to allow LFM to provide and receive information from the named financial institution(s).

List Name(s) of Financial Institution(s) _____

List Business Name and/or Individuals Authorization Includes

NAME OF ENTITY: _____ (PRINT)

SIGNATURE ON BEHALF OF ENTITY: _____ DATE: _____

NAME OF INDIVIDUAL: _____ (PRINT)

SIGNATURE : _____ DATE: _____

NAME OF INDIVIDUAL: _____ (PRINT)

SIGNATURE : _____ DATE: _____

NAME OF INDIVIDUAL: _____ (PRINT)

SIGNATURE : _____ DATE: _____

NAME OF INDIVIDUAL: _____ (PRINT)

SIGNATURE : _____ DATE: _____

Acceptance of this agreement will remain in effect until written notice is received by Lakeshore Farm Management.