



**BANK RELEASE**

**To be Completed by Customer**

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking Account # \_\_\_\_\_ Loan Account # \_\_\_\_\_

I hereby authorize the disclosure of the requested information to CrownTonka Walk-Ins, 10700 Highway 55, Suite 300, Plymouth, MN 55441. This information will be treated as confidential.

\_\_\_\_\_  
Authorized Signature Date

**To be Completed by Bank**

Checking Account # \_\_\_\_\_ Opened When \_\_\_\_\_

Average Balance \_\_\_\_\_ Overdrafts \_\_\_\_\_

Loan Balance \_\_\_\_\_ Secured By \_\_\_\_\_

Other Remarks \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Bank Representative Signature Date