

RSA
Financial Corporation

203 Arbor Drive
Lamar, MO 64759
Phone(417) 682-5693
Fax (866) 637-2673

Date: _____

Applicant: _____

Release Authorization

By signing below, the undersigned individual as principal of and/or guarantor for the Applicant, authorizes RSA Financial Corp., its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal or extension of credit to the Applicant or the collection of any resultant accounts.

Further, this letter will serve as your authorization to release credit information regarding my accounts to RSA Financial Corp., its designee, assigns or potential assigns.

A fax or photocopy of this authorization shall be valid as the original.

Signature _____ Print Name _____ Date _____

Social Security # _____

Signature _____ Print Name _____ Date _____

Social Security # _____

Signature _____ Print Name _____ Date _____

Social Security # _____

Signature _____ Print Name _____ Date _____

Social Security # _____