Society of St. Vincent de Paul NORTH TEXAS

MINI LOAN PROGRAM (MLP)

Authorization to Furnish and Release Savings Account Information and Fico Score

MLP Participant (name): _____

I authorize _____ Bank to release and provide information pursuant to this Authorization Form to Society of St. Vincent de Paul related to my savings account that I will open when I have paid off my MLP loan. This will be done for the purposes of recording my ability to save after my loan term ends for a period of up to 12 months.

In addition, I hereby authorize _____Bank to release and provide information related to my credit report and FICO score to the Society of St Vincent de Paul for purposes of recording improvements that may occur as a result of my participation in the MLP. The bank will record my credit score at the beginning of my loan term and again at the end of my loan term 12 months later.

_____ Bank shall be fully protected in acting on and relying upon any action taken pursuant to this authorization. I understand that _____ Bank has certain policies and procedures with respect to access to my account(s) at Bank, which policies and procedures generally prohibit the arrangement described herein. Customer further acknowledges that the Bank has agreed to this Authorization only at my request and as an accommodation to me. This authorization now and forever releases and waives any and all claims against _____ Bank relating to any loss, damages or costs incurred or to be incurred in connection with this Authorization, unless any such claim results solely from Bank's bad faith or gross negligence. Bank shall NOT be liable under any circumstance for any consequential, special, punitive, incidental or similar damages in connection with the Authorization. I will indemnify and hold _____ Bank, its officers, employees, agents, representatives, successors and assign harmless from claim, loss, penalty, assessment, cost or damage, whether in contract or in tort, including reasonable attorneys' fees, which I or any other person may suffer or be liable for, arising out of the Authorization for the Bank to release savings account information to Society of St. Vincent de Paul, except as results solely from Bank's bad faith or gross negligence.

The Society of St. Vincent de Paul will use this information for recording purposes only and will not share any specific or confidential information with another entity or organization.

Signed: _____ _____

Printed name Signature

Date: _____