



Authorization to Release Financial Information Agreement

To: _____ (CPA Firm Name)
_____ (CPA Contact Name)
_____ (Address)
_____ (Address Continued)
_____ (Phone/Fax)
_____ (Email Address)

To whom it may concern,

This Authorization to Release Financial Information Agreement (the "Agreement") is my authorization for you, the certified public accountant that represents me/my company, to release any and all financial information to Cooperative Business Services, LLC ("CBS") that you may have available, including any and all federal and state tax returns, for the tax year as requested by CBS. Please provide any tax returns to CBS in an electronic format, and in a format that can be read and interpreted by common electronic tax return reading software, including Drake – EEA; UltraTax CS-DAA; Lacerte – BAA (Left); Prosytems – LHA/JWA; and/or Proseries – BAA (Right).

I understand both you and CBS will take all necessary steps to ensure that all information shared is handled in a confidential manner and be in compliance with any and all applicable laws. This Agreement remains in effect from the date of the signature(s) below, until revoked in writing. I agree to hold you and CBS harmless from any and all claims, responsibility, or liability whatsoever related to, or in connection with, or arising out of your and CBS' release of information.

By signing below, I acknowledge and agree to all terms of this Agreement.

Business Name(s): _____

By: _____
Authorized Signer of Borrower

Date: _____