



Haile & Thomas P.C. Certified Public Accountants

109 N 6th Street Suite A • Gatesville, TX 76528 • Phone (254)865-1251 • Fax (254)248-1455

Agreement for Release of Bank Information and Documents

This form is to confirm that you are providing written consent to release your monthly bank statements **by mail, fax or secure email** to Haile & Thomas PC.

You are also providing written consent to release other documents or information requested by Haile & Thomas PC, such as notes payable history or transaction details.

Be aware fees may be charged to you by your financial institution, and the account owner will be responsible for such fees.

I authorize release of the requested bank statements to Haile & Thomas PC by mail, at the address listed below:

**109 N 6th Street Suite A
Gatesville, TX 76528**

Account Name(s) and Last 4#s of account

By checking this box, I also authorize release of all other requested information to Haile & Thomas PC by phone, fax, or email.

If you accept these terms please sign and date.

Signature of authorizing individual _____

Printed name of authorizing individual _____

Date _____