

**FIRST COUNTY BANK
117 PROSPECT STREET
STAMFORD, CT 06904-1415
TEL.: 203-462-4200 FAX: 203-462-4443**

CREDIT RELEASE AUTHORIZATION

I/We hereby give our consent to have **FIRST COUNTY BANK**, its successors and/or assigns, or any other vendor which the lender may designate, obtain and verify any and all information concerning our employment, deposit accounts, obligations, and all other credit matters which are deemed necessary in connection with my/our application for a loan and further, if applicable, for the re-verification of the above described information necessary in a post-closing review. This form may be reproduced or photocopied and a copy shall be considered as effective consent as the original I/we have signed.

Signature Date Signature Date

BORROWER INFORMATION

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP _____
SOC. SEC. NUM: _____ - _____ - _____ DATE OF BIRTH: _____ - _____ - _____

CO-BORROWER INFORMATION

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
SOC. SEC. NUM: _____ - _____ - _____ DATE OF BIRTH: _____ - _____ - _____

Privacy Act Notice: The information to be obtained will be used by First County Bank, its successors and/or assigns and any Federal Agency insuring, guaranteeing or purchasing this mortgage to determine whether you qualify as a prospective borrower under the lender's and/or agency's and/or investor's underwriting guidelines. The information will not be disclosed to any other party other than those identified above, without your consent except to verify your employment, bank accounts, or any other credit references as needed and as permitted by law. You are not required to furnish this information; however, if you choose not to furnish it, your application may be delayed or rejected. The information we obtain is authorized by Title 38, U.S.C. Chapter 37 (if VA), and 12 U.S.C., Section 1701 et seq. (if HUD/FHA).