

# Equity Financial Trust Company

## AUTHORIZATION TO DISCLOSE INFORMATION

**TO:** Equity Financial Trust Company ("EFTC")

**TO:** Bank Name : \_\_\_\_\_ ("BANK")

Bank Address: \_\_\_\_\_

Bank Account No(s): \_\_\_\_\_

Bank Transit: \_\_\_\_\_ Bank Code: \_\_\_\_\_

Branch Representative: \_\_\_\_\_

**FROM:** \_\_\_\_\_  
Client Name(s) ("CLIENT")

**RE:** \_\_\_\_\_  
Property Address

\_\_\_\_\_

Mortgage Number

Client hereby authorizes the above referenced Bank to respond to the enquiry of EFTC and any of its representatives to discuss and confirm any information concerning my/our bank accounts, at the above noted branch.

Client has had explained, and understands and agrees with the terms of this authorization. EFTC and Bank are each hereby released by the undersigned from any and all claims, demands, actions or proceedings arising from or related to the disclosure, release or discussion of the account information between them.

This authorization shall continue in force until revoked in writing by Client.

Signed at \_\_\_\_\_ this \_\_\_\_ day of 20 \_\_\_\_.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature

*Please have your broker send the signed and fully completed authorization form to Equity Financial Trust Company.*

P. O. Box 1160, Stn TD, Toronto, ON M5K 1P2 T: 855-272-0050