



CONSENT FOR CREDIT CHECK

NAME(S) _____ **SOCIAL SECURITY NUMBER(S)** _____

ADDRESS _____

CITY, STATE, ZIP _____

CONSENT:

I/WE HEREBY GIVE MY/OUR CONSENT TO HAVE FIRSTOAK BANK, AND ANY CREDIT REPORTING AGENCY WHICH IT MAY DESIGNATE, OBTAIN ANY AND ALL INFORMATION CONCERNING MY/OUR EMPLOYMENT, CHECKING AND/OR SAVINGS ACCOUNTS, OBLIGATIONS AND ALL OTHER CREDIT MATTERS WHICH THEY MAY REQUIRE IN CONNECTION WITH MY/OUR WRITTEN APPLICATION FOR A RESIDENTIAL MORTGAGE LOAN.

YOU ARE FURTHER AUTHORIZED TO FORWARD ANY AND ALL CREDIT INFORMATION YOU MAY OBTAIN TO: THE APPROPRIATE PRIVATE INVESTOR OR PRIVATE MORTGAGE INSURANCE COMPANY. IF A CONVENTIONAL LOAN; THE FEDERAL HOUSING ADMINISTRATION, DEPARTMENT OF VETERANS ADMINISTRATION OR FARMERS HOME ADMINISTRATION, IF A GOVERNMENT INSURED OR GUARANTEED LOAN; OR AN AFFILIATED COMPANY FOR THE PURPOSE OF DETERMINING ELIGIBILITY FOR ADDITIONAL FINANCIAL PRODUCTS OR SERVICES.

THIS FORM MAY BE REPRODUCED OR PHOTOCOPIED AND A COPY SHALL BE AS EFFECTIVE AS THE ORIGINAL WHICH I/WE HAVE SIGNED.

SIGNED THIS _____ **DAY OF** _____, _____.

_____ _____

RIGHT TO FINANCIAL PRIVACY ACT CERTIFICATION

THE FARMERS HOME ADMINISTRATION OR THE DEPARTMENT OF VETERANS ADMINISTRATION OR THE FEDERAL NATIONAL MORTGAGE ASSOCIATION, OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT CERTIFIES, IN COMPLIANCE WITH THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978, THAT IN CONNECTION WITH THIS REQUEST FOR ACCESS TO FINANCIAL RECORDS, IT IS IN COMPLIANCE WITH THE APPPLICABLE PROVISIONS OF SAID ACT.

TO BE COMPLETED BY PROCESSOR:

I, AN OFFICIAL EMPLOYEE OF FIRSOTAK BANK, AUTHORIZE THE CREDIT REPORTING AGENCY KNOWN AS _____ TO ASSIST FIRSOTAK BANK, IN SECURING AND COLLECTING ANY OR ALL OF THE CREDIT INFORMATION MENTIONED ABOVE.

BY SIGNING BELOW, I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL THAT HAS BEEN RETAINED IN OUR FILES.

MORTGAGE LOAN DEPARTMENT
FIRSTOAK BANK