

**AUTHORIZATION TO RELEASE INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DOB: \_\_\_\_\_

**I hereby authorize PayCo at (checkmark a location)**

\_\_\_ **895 S. HIGH ST. COLUMBUS, OHIO 43206**

\_\_\_ **5 N. Williams St, Dayton, OH 45405**

**to receive and/or release financial information to the following:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE/FAX NUMBERS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I understand that this authorization for the release of information is continuous and will not expire unless otherwise indicated below.

DATE OF EXPIRATION: \_\_\_\_\_

I understand that this release can be revoked by me at any time except to the extent that the program or person who is making the disclosure has already released information and that the revocation must be signed and dated.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby revoke my consent for the release of information:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_