



**PACIFIC ISLANDS DEVELOPMENT BANK**

Tel: (671) 477-0047 Fax: (671) 477-0067

Email: [rosa@pacificidb.com](mailto:rosa@pacificidb.com)

First Hawaiian Bank Building 400 Route 8 Suite 405  
Mongmong, Guam 96910

**AUTHORITY TO RELEASE AND OBTAIN INFORMATION**

The undersigned hereby authorize(s) the Pacific Islands Development Bank and its staff to obtain from and/or to disclose to the Bank and its designated representative all types of information in my loan application file provided by the undersigned, obtain collaterally or originated by the bank in conjunction with the request for financial assistance. This authorization shall remain in effect during the processing of the loan application and shall also be in effect for the duration of the term of the loan should the loan be consummated.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Business Name (if Applicable): \_\_\_\_\_

**-- (This bottom section to be completed by Bank) -----**

Please provide the following credit information on the above applicant(s):

Original Amount	Original Date	Maturity Date	Outstanding Balance	Monthly Payment	Next Due	RATING		
						Good	Fair	Poor
						( )	( )	( )
						( )	( )	( )
						( )	( )	( )
						( )	( )	( )

Please identify any collateral items for the applicant(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requesting Bank: Pacific Islands Development Bank**

**Submitting Bank:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_