



*Pacific Islands Development Bank*

**AUTHORITY TO RELEASE AND OBTAIN INFORMATION**

The undersigned hereby authorizes the Pacific Islands Development Bank and its staff or designated agent(s) to obtain from and/or disclose to the Bank and its designated representative all and any information in relation to a financing request by the undersigned. 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.

\_\_\_\_\_  
**Print Name** of Applicant **SS#**

\_\_\_\_\_  
**Print Name** of Co-Applicant (if applicable) **SS#**

\_\_\_\_\_  
**Signature** of Applicant

\_\_\_\_\_  
**Signature** of Co-Applicant (if applicable)

**Applicant Business Name** (if applicable): \_\_\_\_\_

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**To Be Completed by Creditor or Entity To Whom The Above Owes a Debt**

Please provide the following debt information on the above individual(s) or business: **complete this form for each account**

<b>Total Payoff Balance as of 2 weeks from today</b>	<b>Outstanding Principal Balance</b>	<b>Outstanding Interest Due</b>	<b>Outstanding Fees Due</b>	<b>Monthly Payment Amount</b>	<b>Original Amount</b>	<b>Original Date</b>	<b>Maturity Date</b>	<b>Credit Rating (write “good” or “fair” or “poor”)</b>

**Amount of Interest Accruing Per Day: \$** \_\_\_\_\_

<b>Submitting Creditor or Entity</b>	<b>Print Name &amp; Sign</b>	<b>Position Title</b>	<b>Date</b>

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**PIDB Requesting Officer Name & Title:** Rachel Gabriel, Loan Service Specialist email: [rachel@pacificidb.com](mailto:rachel@pacificidb.com)

PIDB is an equal opportunity lender, provider, and employer.