



Release Information Authorization

I hereby authorize (please print) _____
to obtain information pertaining to my account(s) held at Denison State Bank, Holton, KS, in
connection with the bank's investigation into my account(s). I release the bank from all liability
and hold the bank harmless from any damages or losses that may result from my account
information being released to the authorized name provided above.

Account Holder Name: printed

Date

Account Holder Name: signature

TO SUBMIT:

FAX: Fax to Holton main office at 785-364-5490.

Mail: Mail to Denison State Bank, Bkpg. Dept., PO Box 71, Holton, KS 66436

Deliver: To any Denison State Bank location or night-drop box.

Questions? Contact the bookkeeping department at 1-800-633-2423 or 785-364-3131.

FOR INTERNAL USE:

Received by: _____

Date: _____