

# WYDE & Associates, PLLC

## ATTORNEYS AND COUNSELORS AT LAW

10100 NORTH CENTRAL EXPRESSWAY, SUITE 230

DALLAS, TEXAS 75231

TELEPHONE: 214-521-9100

ELECTRONIC MAIL: WYDELAW@GMAIL.COM ♦♦ WEBSITE: WWW.WYDELAW.COM

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### **AUTHORIZATION FOR RELEASE OF RECORDS TO FINANCIAL INSTITUTION**

To: \_\_\_\_\_ (your bank's name)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (bank's address)

#### **TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_ (your name), authorize \_\_\_\_\_ (your bank's name) to release all financial records and information to Wyde & Associates, PLLC., (hereinafter referred to as "ATTORNEY"), ATTORNEY's agents and representatives, or to the bearer of this authorization. This authorization specifically includes, but is not limited to, the following:

1. All books, records and account numbers of any funds or accounts held in my name, individually or in conjunction with any other person or persons, or held for my benefit or in which I have any interest, for the last four years up to the present time.

2. All books, records, credit applications or financial statements relating to any loans, extensions of credit, revolving credit, or other debts and security therefore in my name, individually or in conjunction with any other person or persons, or loaned for my benefit or in which I have any interest, for the last four years up to the present time.

3. Any and all monthly, quarterly and/or annual statements regarding the above-referenced accounts.

4. Copies of all checks written against or deposited into the above referenced accounts (front and back).

5. Documentation of any other transactions pertaining to the above referenced accounts, including deposits, withdrawals and transfers and any information that relates to funds deposited, withdrawn or transferred and/or the individual that effected any such transaction.

6. Any other information and instruction for disposition of funds withdrawn by any means, including mailing instructions.

7. All correspondence and memoranda in regard to any of the above referenced accounts.

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Furthermore, any agent or employee of \_\_\_\_\_ (your bank's name) is authorized to discuss my financial records with ATTORNEY and ATTORNEY's agents and representatives.

A copy or facsimile transmission of this authorization has the same force and effect as an original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

**SUBSCRIBED AND SWORN TO BEFORE ME BY \_\_\_\_\_,**

either in person or online via online notarization on \_\_\_\_\_,

\_\_\_\_\_  
Notary Public, State of Texas