

Springleaf Financial
1270 Northland Drive Suite 200
Mendota Heights, MN 55120

Authorization to Release Information

Customers Name(s): _____

Address: _____

I hereby authorize Springleaf Financial Services to obtain the following information:

- Employment and Income Verification
- Proof of Insurance/Add Loss Payee
- Loan Payoff/Payment History
- Mortgage/Rent Reference

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this authorization.

Customer Signature

Date

Customer Signature

Date