

## **AUTHORIZATION and MORTGAGEE CLAUSE CONSENT**

Name:	
Account #:	
I, authorize	to discuss and release ease print insurance company name)
any and all information relevant to my account	ease print insurance company name) with First National Bank <i>of America</i> , the property located at, and First National's mutual interest in it.
Additionally, if not on file, please add First Nat	ional Bank of America as mortgagee:
First National Bank <i>of America</i> ISAOA ATIMA PO BOX 980 East Lansing, MI 48826	
Please Print:	
Agent's Name:	Agent's Phone Number:
Policy Number:	
First National Bank of America has permission	to discuss, release, and receive any and all information
until otherwise notified. First National Bank of	America andwill be (Please print insurance company name)
held harmless for any liability that may arise from	om disclosure of information between companies.
Signature:	
Date:	
Please return this authorization by one of the fo	llowing methods:
Scan and email: insurance@fnba.com	

Fax: (517) 336-8429

US Mail: First National Bank of America Attn: Insurance P.O. Box 980 East Lansing, MI 48826

