

Third Party Authorization



First National Bank
of America

Complete this form if you wish to authorize individuals not listed on your loan to receive any and all information related to your account.

Name: _____ FNBA Account Number: _____
Please print your full name.

Name: _____
Please print your full name.

I hereby authorize First National Bank *of America* to discuss and release any and all information pertaining to my First National Bank *of America* account with the individual listed below.

Authorized Individual's Information:

Name: _____ Phone Number: (____) _____

Address: _____

First National Bank *of America* has my permission to discuss and release any and all information until otherwise notified. First National Bank *of America* will not be liable if, for any reason, releasing information to a third party is declined.

Borrower: _____ Date: ____/____/____
Must be an authorized account holder.

Co-Borrower: _____ Date: ____/____/____
Must be an authorized account holder.

Please return this form using one of the following methods:

Email: **service@fnba.com**

Fax: **517.336.0497**

Mail: **First National Bank of America**
Customer Service
P.O. Box 980
East Lansing, MI 48826



If you have any questions or concerns, call us at **800.266.7661**.