

AUTHORIZATION TO VERIFY CREDIT

I / We, the undersigned, hereby authorize OMNIBANK, N.A. to verify my / our personal credit report / references for the purpose of making a lending decision. I / We certify that the following information is true and correct to the best of my / our knowledge.

By: _____
Printed Name: _____
Street Address: _____
City/ST/Zip: _____
Social Security Number: _____
Date: _____

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