

Authorization to Disclose Information



Last Updated: December 2024

To: **Community Trust Company**

Attention: _____ Department: _____

From: _____
Customer Name(s)

RE: _____
Account Type and Account Number

I/we hereby authorize Community Trust Company and any of its representatives to disclose any information concerning me/us in your possession, including information of a personal nature, and discuss any other facts or details concerning my/our account(s) with the individual named below.

This form does not authorize the named individual to request maintenance or changes to the status or terms and conditions of the account.

Name: _____

Company Name: _____

Relationship to Customer: _____

Address: _____ Telephone: _____

This Authorization shall continue in force until revoked in writing me/us.

Signed at _____ this _____ day of _____, 20 ____ .

Client Signature

Client Signature

Community Trust respects your privacy and is committed to protecting your personal information. Our Privacy Policy (communitytrust.com/privacy-policy/) contains information about our safeguards and practices, including how and why we may collect, use, and disclose your personal information. If you have any questions or concerns about the contents of our Privacy Policy, or would like to speak to a member of our team about your personal information rights, please email our Privacy Office at privacy@communitytrust.com.