



5700 Yonge St., 19th floor
Toronto, Ontario M2M 4K2
Phone: 1-888-403-8440
www.questbank.com

Authorization to Disclose Information

Email back to renewals@questbank.com

To: Questbank

Attention: _____ Department: _____

From:

Customer Name(s)

RE: _____

Account Type and Account Number

I/we hereby authorize Questbank 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 by me/us.

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

Client Signature

Client Signature

For more Information on Questbank's collection, use and disclosure of your personal information, including your personal information rights, please review our Privacy Policy at <http://questbank.com/privacy-policy/>.