



Mail: KHESLC  
PO Box 24328  
Louisville, KY40224-0328  
Phone: (800) 693-8220  
Fax: (502) 329-7077  
kheslc.com

### Third Party Information Request Form

In order to release your confidential account information to the individuals you are authorizing, you **must** complete this form and return it to the address listed above or fax it to us at (502) 329-7077. Please allow three business days for processing.

#### Borrower Information:

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

### Third Party Information

Provide the following information regarding the individuals you are authorizing. This form will only allow the third party to access account information. Account changes can only be made by you or your designated power of attorney.

Full Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date