



Mail: KHESLC
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Louisville, KY 40224-0328
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