# Letter of Authorization

Use this form to authorize Gateway First Bank to discuss and/or provide information regarding your account to another individual or organization. This authorization does not permit the authorized party to execute documents or make changes to your account unless otherwise authorized by law.

## Customer's Authorization

Account/Loan Number(s): _____

_____ _____

Authorized Party Name (please print) Provide a 4-6 digit PIN code for authentication

Please initial all applicable items:

_____ I authorize Gateway First Bank to disclose and provide information regarding my bank account(s) and loan(s) to the authorized party listed above. This authorization permits the authorized party to obtain information, documents, and discuss the account(s) with the Bank but does not authorize them to conduct transactions, make account changes, or execute documents on my behalf.

☐ Authorization expires on _____

☐ Authorization remains valid for two years from the date signed unless revoked earlier

*If no duration is listed, this authorization will be valid for two years from the date of this letter on accounts, or when the loan is paid in full or matures. This authorization may be revoked at any time by written notice to Gateway First Bank.

Signature of Customer: _____

Printed Customer Name: _____

Date: _____

## Third Party Contact Information

Name of Entity, Agency, or Firm (Optional): _____

Relationship to Customer(s): _____

Phone Number: _____

Email: _____

Address: _____

**This form should be sent to Gateway First Bank as soon as possible and no later than 90 days after the date signed.**

**Email:** DigitalSupport@GatewayFirst.com

**Mail:** PO Box 976, Jenks, OK 74037





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