

**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

I, \_\_\_\_\_ **HEREBY AUTHORIZE** \_\_\_\_\_  
Your Name Your Banking Institutions

\_\_\_\_\_ **TO RELEASE TO THE**  
**ACCOUNTING DEPARTMENT AT ST. MARY'S HOSPITAL, ATTN: KATHY ARMSTRONG, 111**  
**SPRING STREET, STREATOR, ILLINOIS, INFORMATION FROM THE FINANCIAL RECORDS OF**

\_\_\_\_\_ **List**  
all names and SS# on all accounts Address

**FOR THE PERIOD OF \_\_\_\_\_ TO \_\_\_\_\_ FOR THE PURPOSE OF APPLICATION OF**  
**REQUEST FOR FINANCIAL ASSISTANCE. THE INFORMATION TO BE RELEASED IS CURRENT**  
**BALANCE ON ALL FINANCIAL ACCOUNTS (checking, savings, IRAs and/or CDs).**

**I UNDERSTAND THAT THIS AUTHORIZATION IS SUBJECT TO MY REVOCATION AT ANY TIME**  
**EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE THEREON. I MAY**  
**REVOKE THIS AUTHORIZATION BY GIVING WRITTEN NOTICE TO THE FINANCE DEPARTMENT**  
**OF THIS INSTITUTION. IN ANY CASE, THIS AUTHORIZATION EXPIRES 90 DAYS FROM DATE**  
**OF SIGNATURE.**

**SIGNED** \_\_\_\_\_  
**Guarantor**

**DATE SIGNED** \_\_\_\_\_