

Authorization to Release Confidential Information

TO BANK:

BANK NAME: _____

ADDRESS: _____

TEL: _____

CONTACT: _____

PLEASE ACCEPT THIS AS AUTHORIZATION TO RELEASE INFORMATION REGARDING OUR ACCOUNTS LISTED BELOW TO MIGHTY MICRO INC., FOR THE PURPOSE OF EXTENDING CREDIT. I UNDERSTAND THAT THIS INFORMATION WILL BE KEPT IN STRICTEST CONFIDENCE BETWEEN YOUR ORGANIZATION AND MIGHTY MICRO INC..

CHECKING ACCOUNT NUMBER: _____

SAVINGS ACCOUNT NUMBER: _____

AUTHORIZED OFFICER (PRINT NAME)

SIGNATURE

TITLE

DATE