

# Financial Information Disclosure Consent Form

I hereby authorize the disclosure and sharing of my financial information as specified below. I understand the purpose and scope of this authorization, and my rights regarding this consent.

## Personal Details

Full Name

Email Address

Financial Institution

Account Number

## Purpose of Disclosure

## Information to be Disclosed

- Account balance
- Transaction history
- Income details
- Other (please specify):

## Recipient(s) of Information

## Consent Validity Period

From

To

By signing below, I acknowledge that I have read, understood, and agree to the terms of this Financial Information Disclosure Consent Form. I understand that I may revoke this consent at any time by notifying in writing.

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Signature

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Date