



DeMotte State Bank

CREDIT AUTHORIZATION

I hereby give my consent to have DeMotte State bank obtain information regarding my employment, checking, and/or saving account and all other credit matters. I authorize the release of my application and any information that may be needed in order to complete their report.

A copy of this authorization bearing a copy of the signature(s) of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original.

Borrower

Date

Co-Borrower