



# Authorization to Inquire

## Account holder

Date:	Account number:	<input type="checkbox"/> New authorization	<input type="checkbox"/> Cancel existing authorization
Customer name:	Last 4 digits of SSN:	Phone number:	
Mailing address:	City:	State:	Zip:

## Authorization

I hereby authorize _____ (third party personal information included below) to access information regarding my account. (Limited as stated below)
Reason needed:
Authorization shall remain valid between _____ and _____ (Start Date) (End Date)
Borrower's signature: _____ Date: _____

## Third party information

Name:	Last 4 digits of SSN:	Phone number:	
Address:	City:	State:	Zip:
Third party signature: _____	Date: _____		

## Disclosure statement

This authorization allows limited information access to your account for the third party listed. *This authorization does not provide third parties with authorization to advance any available credit or make financial decisions regarding this account.* The third parties may be asked to provide personal information to verify the identity if a call is made to request specific information about your account. Wells Fargo may refuse to disclose any information to a third party who cannot verify his or her secure information.

**Return completed form to:** Wells Fargo  
 Attn: Home Equity Correspondence  
 MAC: X2302-04E  
 P.O. Box 10335  
 Des Moines, IA 50306 - 0335  
 Fax: 866-328-0418

