

JOINT AUTHORIZATION TO RELEASE & SHARE INFORMATION
REGARDING AN APPLICATION FOR
ULSTER COUNTY CARES II SMALL BUSINESS ASSISTANCE PROGRAM GRANT
AND BRIDGE LOAN FROM ULSTER SAVINGS BANK

To Whom it May Concern:

1. I/We have applied for an Ulster County CARES Small Business Assistance Grant from the Ulster County Economic Development Alliance, Inc. (Agency) and a Loan from Ulster Savings Bank (Lender). As part of the application process, Lender and Agency may verify information contained in my/our application and in other documents required in connection with the loan, or grant, either before or after the funding or closing date.
2. I/We authorize you to provide to Lender and Agency any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. This authorization shall also authorize the Agency and the Lender to release and share information and documentation, which either has received, with the other.
4. A copy of this authorization may be accepted as an original.

Business Name: _____
(Print Business Name)

By:

Signature: _____ Date Signed: _____

Print Authorized Signer Name/Title: _____

Signature: _____ Date Signed: _____

Print Authorized Signer Name/Title: _____