



Last eight digits of vehicle identification number		Account holder name	
Address 1			
Address 2			
City		State	ZIP Code

AUTHORIZATION TO FURNISH AND RELEASE INFORMATION

I authorize Chase to release information relating to my account to the person named below. This authorization is valid unless revoked by an account holder.

I also authorize this person to make payments on my account and discuss the account status. This person will not be allowed to make contractual changes to my account (for example: address changes, payment extensions, and due date changes). Although I am providing authorization to Chase to release information on this account to the person listed below, only the account holders are permitted to make changes and/or updates to the account. If I wish to grant a third party the right to act on my behalf as it relates to this account, I will provide a Power of Attorney to Chase.

Name of authorized person _____

Authorized person's address _____

Authorized person's phone number _____

Name of additional authorized person (if applicable) _____

Additional authorized person's address _____

Additional authorized person's phone number _____

To add additional authorized persons, please write the information above on the back of this form.

Account holder signature _____ Date _____

Please complete and return the enclosed authorization form using one of the following methods:

For faster service, send us a secure message or fax us your document. Your request will go into effect within 7-10 business days from the date the written authorization is received. We will notify you once your request has been completed.

Secure Message: Sign in to chase.com and attach your written authorization

Fax: 1-800-255-9502

Mail:

Chase Auto
Mail Code: LA4-4025
700 Kansas Lane
Monroe, LA 71203-4774

You can cancel this authorization by giving us verbal or written notice

- Call us at 1-800-336-6675. Verbal cancellations go into effect immediately.
- You can send us a written cancellation notice using one of the above methods. Your request will go into effect within 7-10 business days from the date the written cancellation is received. We will notify you once your request has been completed.

If you have questions, please call us at 1-800-336-6675.

CCFORM