

## STEP-4 FINANCIAL AUTHORIZATION

Please accept this authorization to release the following information to Neutron, Inc. for the purpose of extending credit. We understand that this information will be kept in strictest confidence between your organization and Neutron, Inc.

Checking account No.: \_\_\_\_\_

Savings account No.: \_\_\_\_\_

Loan account No.: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorized signature: \_\_\_\_\_