UNSECURED - REQUEST FOR STATEMENT & AUTHORIZATION

Purpos	Se: Payout Balance	For Information Only/Account Balance	
Date:	-		
То:			_
			_
	Tel.:	Fax:	
Re:	Borrower's Name(s)		
	Borrower's Address:		
	Existing Loan/Line of Credit/Acco (Mandatory Information) Type of Debt (i.e. car loan, line of cred		
Sir/Ma	· ·		
	ereby authorize you to provide a sta	atement to FCT for the noted account/loan.	
		flect the outstanding principal balance; accrued interest a nce accruing from the above date; and whether the accou	
balance		of funds, you are hereby authorized and directed to apply the is for a payout and the debt secures a line of credit or comed to:	
	Close the credit facility effer Apply the payment to my cr Reduce the credit limit to \$	redit facility and keep the credit facility open	
		order to facilitate the payout of the above-mentioned denting the required time to deliver funds to the lending ins	
correct		rmation to FCT in connection with the Purpose. I/w ereunder, and/or complete the Purpose portion or any i pan.	
Borrow	er's Signature	Borrower's Signature	