



# Authorization To Release Banking Information

To Be Completed By Advertising Customer

Company Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Person Authorizing Release (Please Print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

This signed letter authorizes the Banking Institution named above to release the requested information to CN Publishing, Inc.

To Be Completed By Banking Institution

Date Account Opened \_\_\_\_\_

Average Balance \_\_\_\_\_

NSF Checks \_\_\_\_\_

Comments \_\_\_\_\_

Return to:



Accounting Department  
P.O. Box 5084  
Costa Mesa, CA 92628-5084