

CONSUMER AGENCY AUTHORIZATION

Name _____
Physical street address _____
City, State, Zip _____
Telephone number _____
Date of birth _____
Place of birth _____
Tax ID# _____
Mother's Maiden Name _____
Employer _____
Occupation _____
Capacity in which acting Authorized Signer Attorney-In-Fact Fiduciary

By signing below, I authorize OneWest Bank, a division of CIT Bank, N.A. ("OneWest") to verify any information that I have provided in connection with my request to open or to act as an authorized signer, attorney-in-fact or fiduciary (collectively, "authorized party") on an account with OneWest and to request reports about me prepared by consumer reporting agencies (such as ChexSystems) in connection with this request and any future requests, and at anytime while my account is open or while I am an authorized party on a OneWest account.

I understand if these reports contain any derogatory information about me, OneWest may, in its sole discretion, refuse to open an account or to add my name as an authorized party to a new or existing account, or may close my account or remove my authority to act as an authorized party on any existing account. This authorization extends to all accounts I may request to open or on which I may request to become an authorized party in the future.

Signature

Date

SIGNATURE MUST BE NOTARIZED WITH ACKNOWLEDGMENT

| Bank Use Only | |
|------------------------------------|-------------------|
| ID Type, Number & Expiration Date: | _____ |
| Accepted by (print name): | _____ Br. # _____ |