

PRIOR CONSENT TO RELEASE FINANCIAL INFORMATION

Financial exploitation of at-risk adults is increasing. Financial institutions may acquire early knowledge of financial exploitation, but their legal obligation to maintain confidentiality may limit their ability to release financial records necessary to facilitate a rapid response from law enforcement and social services agencies.

By signing this form, I, _____, expressly waive all
Name of customer
confidentiality and privacy provisions of Colorado state law and federal law for the limited purpose of authorizing _____ to provide financial records related to every
Name of financial institution
account of mine with this financial institution, including all accounts in which I may own an interest in the future, to county or district departments of social services and to local law enforcement agencies. These records may be provided without notice to me and without any additional authorization whenever this financial institution knows or suspects that an individual or a corporation, partnership, governmental agency, or other legal entity has made illegal or improper use of my financial resources for that person's or entity's profit or advantage.

I understand that: (1) the records which are released may include the account number, taxpayer identification number associated with this account, account statements, signature cards, information about a specific financial transaction including the person to whom a payment was made and the amount of the payment, and any other record related to this account; (2) a recipient of these records may use them for any lawfully authorized purpose; and (3) for joint accounts, authorization of any single account holder is legally sufficient. I also understand that this form does not obligate this financial institution to report known or suspected financial exploitation to county or district departments of social services or to local law enforcement agencies.

Finally, I understand that my authorization remains effective until this financial institution receives signed written notice that I have revoked this authorization and further that it shall survive any disability of mine that may occur after I sign this form.

Signature of Customer

Date

Address of Customer

Telephone Number

City, State, Zip Code

Final Form (6/12/2014)