



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 CIT Bank, N.A. 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 CIT Bank 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 CIT Bank account.

I understand if these reports contain any derogatory information about me, CIT Bank 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. # _____