

**GRAND JUNCTION  
POLICE DEPARTMENT**

625 Ute Avenue  
Grand Junction, CO 81501

**AUTHORIZATION FOR DISCLOSURE OF FINANCIAL ACCOUNT INFORMATION**

CR# \_\_\_\_\_

I authorize \_\_\_\_\_  
(name/address of account holder) to release the financial information of the individual named below:

Account Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Account/Credit/Debit Card Number: \_\_\_\_\_

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

Bank Address: \_\_\_\_\_

Bank Contact Person: \_\_\_\_\_

I authorize the information to be disclosed and discussed with the Grand Junction Police Department and the 21<sup>st</sup> Judicial District.

The type and amount of information to be disclosed is as follows:

Entire bank record from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Entire credit card statement from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Copy of signature card or similar type document showing the account holder(s) signature.

I understand this authorization will expire, without my express revocation, one year from the date of signing, or if I am a minor, one year from the date of signing or on the date I become an adult according to state law, whichever is earlier. I understand that I may revoke this authorization at any time except to the extent that action has been taken based on this authorization. I understand that the revocation must be in writing and presented to the provider named above. I understand that my authorization is not needed under some conditions as previously explained pursuant to a notice received from the provider named above and any revocation in writing of this authorization does not affect the ability of the provider named above to disclose information otherwise allowed by law. I understand that I have a right to a copy of this authorization.

I understand that authorization for the disclosure of this financial information is voluntary and I can refuse to sign this authorization. I understand that any disclosure of information carries with it the potential for redisclosure and the information may not be protected by federal law or regulations.

\_\_\_\_\_  
Signature of Account Holder or Authorized Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Relationship

\_\_\_\_\_  
Date