

## **Release of Information**

I hereby authorize **Tompkins State Bank** to receive information necessary on my existing account with you. I have recently opened an account with **Tompkins State Bank**, and I wish to transfer my deposits/debits to this new account. All information provided will be used solely for the purpose of moving deposits/debits to this new account. Thank you for your cooperation into this matter.

| Name                   |  |  |
|------------------------|--|--|
|                        |  |  |
| Social Security Number |  |  |
|                        |  |  |
| Account Number         |  |  |