



Savings

Accounts offered by American Express National Bank.

Third-Party Disclosure Authorization

If you have any questions, please call 1-800-446-6307.

Section A: Savings Account Owner(s) Information

DATE (MM/DD/YYYY): _____

I, _____, authorize _____ to
Primary Account Owner's Full Name Third Party's Full Name
obtain account balance and transaction information only on my American Express National Bank account ending in _____.
Last 4 Digits of Account

For Identification Purposes Only (must be provided):

Third Party's Social Security Number: XXX-XX-_____
Last 4 Digits of Social Security Number

Third Party's Date of Birth: _____
Third Party's Date of Birth

Third Party's Contact Number: _____
Third Party's Contact Number

Third Party's Signature: _____
Third Party's Signature

Primary Account Owner's Signature: _____
Primary Account Owner's Signature

PLEASE SUBMIT REQUEST VIA FAX OR MAIL TO ONE OF THE FOLLOWING

Fax: 1-800-542-0779

Mail: American Express National Bank, PO Box 30384, Salt Lake City, UT 84130-0384

24/7 Account Access | World-Class Service

Accounts offered by American Express National Bank. Member FDIC.