



AUTHORIZATION FOR BANK RELEASE
 NORTH DAKOTA DEPARTMENT OF AGRICULTURE
 GRAIN AND LIVESTOCK LICENSING DIVISION
 SFN 61721 (9-2020)

600 E Boulevard Ave - Dept 602
 Bismarck ND 58505-0020

Name of Licensee		Telephone Number	
Mailing Address	City	State	ZIP Code

List ALL banks and/or financial institutions who hold assets or liabilities of the licensee:

Institution	Contact person	Address (include City, State, and ZIP Code)	Telephone Number	Email Address

List names of commodities broker(s) with whom the licensee has dealings (if none, write "None" in Name column):

Institution	Contact person	Address (include City, State, and ZIP Code)	Telephone Number	Email Address

List names of accountants and other sources of information or references relating to the applicants business:

Institution	Contact person	Address (include City, State, and ZIP Code)	Telephone Number	Email Address

The applicant voluntarily authorizes the Department of Agriculture, or its duly authorized agent, access to inspect and to copy any and all financial information and records of the applicant held by those persons, institutions, and agencies identified above and any other institutions that may be required. The information and records may be used by the Department of Agriculture in the course of licensing, relicensing, or investigation of any alleged violation of NDCC Ch. 60-02.1-03. Any information or records gained through use of this release are confidential. Any disclosure of information or records gained using this release, except as provided for in this form, is prohibited. The Department of Agriculture may, however, furnish the information or records gained through use of this release to the Attorney General and other state agencies, and any prosecuting officials requiring the information or records for use in pursuit of official duties. This authorization remains in effect until the applicant provides specific revocation by written notice to the Department of Agriculture.

NOTE: If APPLICANT is a firm or corporation, the firm or corporate name must be listed as the APPLICANT.

Applicant Signature	By (Signature of Manager of Firm or Corporation)
---------------------	--

State of	County of
----------	-----------

Name(s) of Individual(s) Making Statement	Date Signed
---	-------------

The above-named, being duly sworn, says that he/she is the person named in the foregoing application, or the manager of the corporation or partnership so named, and that the facts stated in this application are true to his/her own knowledge.