

CONSENT AND AUTHORIZATION

Federal law requires this consent form be provided to you. Unless authorized by law, H&R BLOCK BANK, its agents, affiliates, successors and assigns (“we” or the “BANK”) cannot disclose, without your consent, your bank information to third parties. If you consent to the disclosure of your bank information, Federal law may not protect your bank information from further use or distribution. You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your bank information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

The BANK has received a subpoena for any and all Account Records for _____ from RECORDS DEPOSITION SERVICE. By signing below, you hereby authorize the BANK to produce above-identified bank information of _____ in its possession, custody or control to RECORDS DEPOSITION SERVICE, INC. P.O. BOX 5054, SOUTHFIELD, MI 48086-5054 Such information will be disclosed only for purposes of responding to the subpoena for information. In making this authorization, you understand and/or acknowledge that:

- I have the right to revoke this Authorization at any time, by issuing written revocation to the BANK and its counsel, Berkowitz Oliver Williams Shaw & Eisenbrandt LLP, 2600 Grand Boulevard, Suite 1200, Kansas City, Missouri 64108, except to the extent the BANK has already relied upon this Authorization to disclose and/or produce information.
- I understand that I am waiving any privileges and/or protections from disclosure which may apply to such documents and information. To the extent my entire bank information is sought by the request, I understand that I have the ability to seek a more limited disclosure of my bank information but am waiving any such limitation.
- I have the authority to execute this Authorization.
- I understand that I am waiving any privileges and/or protections from disclosure which may apply to such documents and information.

- I have read this Authorization and had the opportunity to consult with counsel, and I consent to the disclosure described above. Upon signing this Authorization, I was provided with a copy of it. However, I understand I may also obtain a signed copy by contacting the Berkowitz Oliver firm and referencing the case above.

Name (Print)
_____(Typed)

Date

Signature

Social Security Number

Address

Bank Account No.

Sworn to before me this _____ day of _____, 20_____.

Notary Public