

**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

**TO: ANY BANK, CREDIT UNION, BROKER, AND/OR FINANCIAL INSTITUTIONS WITH WHICH I HAVE HAD ANY ACCOUNTS.**

I, \_\_\_\_\_  
\_\_\_\_\_

Name & Address of Person Giving Authorization

with this document give my consent and authorize you to release, upon request, all information regarding all accounts in your institution on which I have been a signatory within the past two years to: ,

Harold Taft Hunt III

Dearybury Oil and Gas Inc

2560 Southport Rd Spartanburg, SC 29302

Name & Address of person Authorized to Get Information, hereafter called "authorized person"

or any person who possesses original written authorization signed by the authorized person. This document further gives my consent and provides your authorization to permit authorized person, or any person delegated by authorized person to examine and copy, or to be furnished a copy of all records and documents in your possession pertaining to any accounts as referenced above.

I agree that a photocopy of this authorization shall be considered as effective and as valid as the original. This release shall only be valid for six months from the date of signature.

Dated: \_\_\_\_\_

Signature of person giving authorization

\_\_\_\_\_

Signature of person or company receiving authorization

\_\_\_\_\_

Date of Birth Social Security No.

DOB \_\_\_\_\_

SSN# \_\_\_\_\_

ACKNOWLEDGMENT

I, the undersigned Notary Public in and for Alaska, hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, the person named in the foregoing instrument, personally appeared before me and acknowledged that he/she signed and sealed the same freely and voluntarily as his/her free act and deed, for the uses and purposes herein mentioned.

\_\_\_\_\_

My Commission Expires: \_\_\_\_\_