CERTIFICATION AND AUTHORIZATION

Арр	licant: Lender:	VILLA GROVE STATE BANK P.O. Box 50 Villa Grove, IL 61956 (217) 832–2631
	CERTIFICATION	
To \	VILLA GROVE STATE BANK ("Lender"):	
	Applicant (and co-applicant if applicable),	nt, income information, and assets and liabilities
2.	Applicant understands and agrees that Lender may verify any informapplication, including, but without limitation, verifications from finance	nation provided to Lender concerning Applicant's al institutions of the information provided.
i	Applicant fully understands that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provisions of Title 18, United States Code, Section 1014.	
	AUTHORIZATION TO RELEASE I	NFORMATION
To V	Whom It May Concern:	
-	Applicant has applied for a loan from VILLA GROVE STATE BANK Lender, any insurer of the loan and any collateral title insurer may either before or after the loan is closed.	("Lender"). As part of the application process, verify information Applicant provided to Lender
i	Applicant authorizes you to provide to Lender, to any investor to whinsurer of the loan any and all information and documentation that the but is not limited to, income; bank, money market, and similar accoutax returns.	ey may request. Such information may include,
	Lender, any investor that purchases the loan, and any insurer of the any person or company named in the loan application.	loan may address and send this authorization to
1 . <i>A</i>	A copy of this authorization may be accepted as an original.	••.
5. \ I	Your prompt reply to VILLA GROVE STATE BANK, to any investor the loan is appreciated.	at purchases the loan, and to any insurer of the
	AUTHORIZATION TO FILE FINANCII	NG STATEMENT
Appl to ex	licant hereby authorizes Lender to file the appropriate Financing xecuting a security agreement, pledge, or control agreement:	
APP	LICANT:	

Date

Co-Applicant

Date

X_____Applicant