

AUTHORIZATION TO RELEASE INFORMATION

To: _____ 1

Payor: _____ 2

Payee: _____ 3

Acct. No. _____ 4

INSTRUCTIONS

1. The name of the bank or escrow company where payments are made on your note.
2. The name of the person or entity who makes the payment.
3. Your name or name of the entity receiving payments.
4. The account # assigned to your note collection account by the bank or escrow company.

Please allow any employee of Cash Now Financial Corp. or its Assignee to inspect the above escrow and copy all documents they desire. Any copy cost will be paid by Cash Now. Specifically provide them with the following:

1. A copy of all documents in your file.
2. A copy of the current payment record.
3. A copy of last year's payment record.

This authorization shall be valid for 90 days from the date shown below.

***** A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS AN ORIGINAL *****

If you have any questions concerning this authorization please call me at the number shown below:

_____ Date: _____
(Signature)

Daytime Phone No: _____

Assignment

Cash Now Financial Corporation hereby assigns the Authorization to receive all of the information herein authorized.

Cash Now Financial Corp.

Kenneth Jay Gain, President

Date: _____