

**Walter C. Potts Entrepreneur Center Microloan Account Information Release Form  
For First Financial Bank**

I, \_\_\_\_\_, am the authorized small business owner/applicant/signer of \_\_\_\_\_ (“Business”) in Walter C. Potts Entrepreneur Center’s Microloan Program (“Program”).

The Program is providing funding to help secure a small business loan for my Business and therefore I am authorizing First Financial Bank (“the Bank”) to provide the business, personal, and loan information including, but not limited to:

1. Financial Information,
2. Credit History,
3. Any information provided in connection with the Program and applying to the Program, including any personal information related to me, individually,
4. Loan Statements,
5. Loan Payment History,
6. Loan Account Balances,
7. Loan Delinquencies, and
8. Loan Payoffs.

I hereby authorize the Bank to send business, personal, and loan information to the Program for the purposes of applying for the Program, monitoring my eligibility to remain in the Program, and for Program reporting purposes.

I swear to the best of my knowledge and belief that the information I have provided in the attached “Exhibit A” is accurate.

I authorize the Bank to release information on the microloan to the Program, including statements that should be forwarded to Walter C. Potts Entrepreneur Center, 144 S Main St., Lima, OH 45801.

This signed form holds First Financial Bank harmless for release of my personal or business information to the Program as set forth above.

\_\_\_\_\_  
Signature of Applicant/ Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signer for the Program

\_\_\_\_\_  
Date

**EXHIBIT A**

**Applicant: Please answer the following questions to the best of your knowledge.**

1. Business Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Phone Number \_\_\_\_\_
4. Owner/Loan Applicant Name \_\_\_\_\_ EIN: \_\_\_\_\_
5. Email (if available): \_\_\_\_\_