

AUTHORIZATION/RELEASE OF INFORMATION

I/We hereby authorize any credit institution, lending institution or any other financial institution or entity in possession of business records relating to me/us to furnish to Erie Insurance or its representative any information requested with regard to my/our credit history, including, but not limited to, credit card accounts, personal loans, automobile loans, mortgage loan information and documentation, automobile sales documents, automobile sales tax forms and related documents.

A photostatic copy or carbon copy of this Authorization shall be considered effective and as valid as the original.

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

DATE _____ (Signed) _____
Insured

Date of Birth: _____

Social Security No. _____

DATE _____ (Signed) _____
Additional Insured

Date of Birth: _____

Social Security No. _____

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