Social Security Administration Authorization
for the SSA to Release Social Security Number (SSN) Verification

Name: _____ _____
(First) (Last)

Address: _____

_____

Phone Number: _____

Date of Birth: _____/_____/_____ SSN: _____-_____-_____

I am conducting the following business transaction with DFI Capital and its affiliates located at 4120 Douglas Blvd.#306-521, Granite Bay, CA 95746:

_____
(Identify a specific purpose such as "seeking a mortgage from a Company")

I authorize the Social Security Administration to verify my name and SSN to the Company and the Company's Agent for the purpose identified.

I am the individual to whom the Social Security number was issued or that person's legal guardian. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information for Social Security records, I could be found guilty of a misdemeanor and fined up to $5,000.

This consent is valid for _____ days from the date signed. _____
(90 days suggested) (initial)

Signature: _____ Date:_____