

**REVOCAION OF ADVANCE ORDER TO DISCLOSE FINANCIAL
INSTITUTION RECORDS FOR ELDER CUSTOMERS OF
_____ SHEBOYGAN COUNTY BRANCHES**

***NOTE: THIS REVOCATION ORDER MUST BE PRESENTED BY THE
CUSTOMER, IN PERSON, TO THE _____ BRANCH
WHERE IT WAS PLACED ON FILE:**

(Customer's Name and Address)

I hereby revoke the Advance Order to Disclose Financial Institution Records entered
between myself, _____, and
(name)

my financial institution: _____
(name)

as of this date: _____

Reason for Revocation: (optional) _____

Customer Signature

Date:

=====

Received By: _____

Financial Institution: _____

Date Received: _____