



RELEASE OF INFORMATION

Please read, sign and date the form where indicated. The Release of Information grants permission to obtain necessary information for your new accounts.

To Whom it May Concern,

I hereby authorize Security Bank to receive information about my existing account(s). I have recently opened an account with Security Bank, and I wish to transfer my deposits/debits to this new account. All information provided will be used solely for the purpose of moving deposits/debits to this new account.

_____ / / _____
 Signature Date

Your prompt attention to this request is appreciated. Thank you.

PLEASE RESPOND TO SECURITY BANK
 Attn: New Accounts at one of the locations below.

<i>New Auburn</i>	<i>Sand Creek</i>	<i>Bloomer</i>	<i>Ridgeland</i>	<i>Dallas</i>
P.O Box 278	P.O. Box 95	P.O. Box 286	P.O. Box 156	P.O. Box 248
New Auburn, WI 54757	Sand Creek, WI 54765	Bloomer, WI 54724	Ridgeland, WI 54763	Dallas, WI 54733
Ph. 715-237-2658	Ph. 715-658-1415	Ph. 715-568-3400	Ph. 715-949-2265	Ph. 715-837-1129
Fax 715-237-2650	Fax 715-658-1592		Fax 715-949-1255	Fax 715-837-1329