

## Consent to Disclosure of Tax Return Information

\_\_\_\_\_ (“we”, “us” and “our”)  
Printed name of tax preparer

Federal law requires this consent form be provided to you (“you” refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

You have indicated that you are interested in applying for a Refund Transfer product (a “bank product”) from University National Bank of Saint Paul, MN (“BANK”). In order to have your bank product application processed by BANK, we must disclose all of your 2010 tax return information to BANK. You may request a more limited disclosure of tax return information, provided that you authorize disclosure of all of the information required by BANK to consider your application.

If you would like us to disclose your 2010 tax return information to BANK for this purpose, please sign and date your consent to the disclosure of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to BANK all of your 2010 tax return information so that BANK can evaluate and process your application for a bank product. You understand that if you are not willing to authorize us to share your tax information with BANK, you will not be able to obtain a bank product from BANK, but you can still choose to have your tax return prepared and filed by us for a fee.

Printed name of taxpayer: \_\_\_\_\_

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of joint taxpayer: \_\_\_\_\_

Joint taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).