



Financial
Services

AUTHORIZATION TO RELEASE ACCOUNT INFORMATION

This request and authorization applies to Account Numbers(s):

I request and authorize American Honda Finance Corporation, Honda Lease Trust, HVT, Inc. or HVT, Inc. as Trustee for Honda Lease Trust to release my account information by mail and phone to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

I authorize the release of my account information, to the person(s) listed above. This authorization will be in effect for the duration of the loan unless it is revoked by me.

Account Holder Signature: _____ Date: _____