

# Authorization for the Social Security Administration to Disclose Your Social Security Number Verification

**Name:** Rudy Reyes

**Date of Birth:** 2/16/1984

**Social Security Number:** 334-74-2215

I authorize the Social Security Administration (SSA) to verify and disclose to Regions Bank through Early Warning Services, LLC for the purpose of this transaction whether the name, Social Security Number (SSN) and date of birth I have submitted matches the information in SSA records. My consent is for a one-time validation and is valid for 90 days.

By clicking the Accept and Continue Button, you are signing the consent for SSA to disclose your SSN Verification to Regions Bank and Early Warning Services, LLC. You agree that your electronic signature has the same legal meaning, validity, and effect as your handwritten signature.

**Regions Bank**

1900 5th Avenue North  
Birmingham, AL 35203

**Early Warning Services, LLC**

5801 N. Pima Road  
Scottsdale, AZ 85250

Transaction Application ID: 15558296

Electronic Consent provided on *7/5/2023 7:54:59 PM*