

Written Authorizat	ion for Third-Party Information Sharing	Volkswagen Financial Services
I, consent to the shar	ring of my account information with	PO Box 7498 Libertyville, IL 60048-7498 Phone (800) 428-4034
(Third Party) at the a Please check all applicable access boxes:	ccess levels checked below.	Fax (847) 281-4366 www.vwcredit.com
access does not permit changes to my accinformation.  Discussion Access	on of payoff information with the named Third Party count or discussion of anything other than payoff rela- my account. This access does not permit changes to	ated
Full Access excluding Online Ac	ny account, permits changes to my account, and issu	·
resets, assistance with website navigation	pport to named Third Party. This support includes part and full access to online account information. Web limited to updating personal information, making a	osite
Please check all applicable access boxes:  This consent is granted on a one		
	w and in the future for current account only. I underst authorization must be confirmed in writing.	tand that
open accounts under my name w	w and in the future for my current account(s) as well with Volkswagen Financial Services. I understand that thorization must be confirmed in writing.	
	at my account information contains both personal an	
Customer Printed Name	Account Number or VIN	
Customer Signature	Date	