

## CONSENT & AUTHORIZATION FORM

**AUTHORIZATION FOR RELEASE OF INFORMATION (SUBSTITUTE FMS FORM 13)** – You authorize the Bureau of Fiscal Services, its employees, agents, and contractors to disclose to Loan Central any and all information related to a debt owed by me to the United States Government, to a State, or any debt enforced by a State, including child support obligations, and/or any payments made or due to me by a Federal or State agency, and/or any tax return information disclosed to the Bureau of Fiscal Service by the Internal Revenue Service in order to collect debt through the levy process under 26 U.S.C. § 6331(h), and to conduct tax refund offset under 26 U.S.C. § 6402. Tax return information is defined in 26 U.S.C. § 6103(b). Information includes, but is not limited to, correspondence and other information related to my debt(s) or payment(s), including my tax refund payment(s). You acknowledge that neither the Bureau of Fiscal Service nor Loan Central are required to inform me of disclosures made under this authorization. This authorization will be valid for six months from the date of the signing of this agreement, unless revoked by me in writing and the revocation is received and processed by FMS at this address, Supervisor, TOP Call Center, PO Box 1686, Birmingham, AL 35201-1686, with a copy also sent to Loan Central at 1828 Eastern Ave, Gallipolis, OH 45631. A photocopy, scanned image, or facsimile copy of this authorization has the same force and effect as the original. You hereby grant Loan Central, through the foregoing Authorization for Release of Information, authority to use any and all written, electronic, and/or telephonic means to gather information related to any compliance matters and/or debts on record with the Department of Treasury. Loan Central has no duty and you have no expectation that Loan Central will provide you with the results of its communication with the IRS and/or Department of Treasury.

**POWER OF ATTORNEY** – You hereby authorize Loan Central to perform acts that you can perform with respect to your tax returns. You hereby grant Loan Central, through this Power of Attorney, authority to use any and all written, electronic, and/or telephone means to gather information directly from the U.S. Department of Treasury or other sources, related to any compliance matters and/or debts on record with the Department of Treasury or any other agency with authority to offset your anticipated tax refund. Loan Central has no duty and you have no expectation that Loan Central will provide you with the results of its communication with the IRS and/or Department of Treasury. You further grant Loan Central the authority to check the status of your refund, if delayed, or for any other reason, using any of the foregoing means.

**CONSENT TO USE OF TAX RETURN INFORMATION** - Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. 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 to engage our tax return preparation services. If we obtain your signature(s) on this form by conditioning our tax return preparation 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 from the date of signature.

For your convenience, we have entered into an arrangement with The Ohio Valley Bank to offer Electronic Refund Products. The purpose of this consent is to allow us to disclose your tax return information to The Ohio Valley Bank per your request.

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 email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

By signing below, you authorize us to use the information you provide to us during the preparation of your 2025 tax return to determine whether to offer you an opportunity to apply for an Electronic Refund Product.

**SIGNATURES:** By signing your name below, you represent that everything you have stated in this agreement is true and correct, you represent that you have read and understand each of the consents herein, including but not limited to the AUTHORIZATION FOR RELEASE OF INFORMATION and the POWER OF ATTORNEY and that you agree to each of these consents. You acknowledge that you have received a copy of this agreement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Taxpayer signature Date

X \_\_\_\_\_  
Taxpayer signature Date