

HONDA

Financial
Services

PROOF OF PERMISSION INSTRUCTIONS

In order to process a Consumer Privacy Request submitted by an individual acting as an Authorized Agent, we must have written authorization from the consumer giving you permission to act on their behalf. To provide proof of permission, you may do one of the following:

1. Fill out the form on page 2 of this document and return to American Honda Finance Corporation per the instructions on the form.

2. Mail a copy of a Power of Attorney document or other form of written permission to:

AHFC Privacy
1919 Torrance Blvd Suite 8C Torrance
CA, 90501

3. Fax a copy of a Power of Attorney document or other form of written permission to:

310-222-7014
Attn: AHFC Privacy

For faster processing, please include the Reference Number provided when submitting the request. We will process your request within 45 days of receiving your proof of permission.

HONDA

Financial
Services

Date: _____

AUTHORIZATION TO RELEASE PERSONAL INFORMATION

For the purpose of completing my Consumer Privacy Request, I request and authorize American Honda Finance Corporation to release my information by mail or email to:

Name: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Account Holder Name: _____

Account Holder Signature: _____ Date: _____

Consumer Privacy Request Number (if known): _____

Account Number (if applicable): _____

Honda or Acura Care Contract Number (if applicable): _____

Product Serial Number (if applicable): _____

17-digit VIN (if applicable): _____

Please send your completed form by mail or fax:

Mail to:

Attention: AHFC Privacy

1919 Torrance Blvd. Suite 8C, Torrance, CA, 90501

Fax to:

310-222-7014

Attention: AHFC Privacy