



PRIOR CONSENT TO RELEASE FINANCIAL INFORMATION

I /We _____ and _____,

account number _____ hereby authorize Constellation Federal Credit Union to furnish and provide the following information to the party(s) listed below, pertaining to my/our account or loan:

Description: _____

Purpose: _____

Third Party Name: _____

Third Party Address: _____

Third Party Phone _____ Fax _____

This authorized request will: be a one-time request only.
 remain in effect until revoked in writing.
 remain in effect until the following date _____.

Please submit this information via: Mail Fax Email

I/We understand that I/we are authorizing the credit union to release sensitive information regarding my/our accounts that may include payment history, account and taxpayer identification number(s), account statements, and other information related to this account in order to fulfill my/our request above. I/We also understand that all signatures will be required on jointly held accounts or loans.

In addition, I/we hereby release and hold harmless, Constellation Federal Credit Union from any and all actions, causes of action, costs, expenses, attorneys' fees, damages, claims and liabilities whatsoever, whether or not now known, arising in connection with any actions performed by Constellation Federal Credit Union in accordance with the terms of this authorization, done on your behalf.

Member Signature Date _____

Joint / Co-Borrower's Signature Date _____