



**REVOCAION OF PRIOR CONSENT TO RELEASE FINANCIAL INFORMATION**

By signing this form, I/We \_\_\_\_\_,  
hereby revoke the Prior Consent to Release Financial Information authorization currently on file at  
Constellation Federal Credit Union for:

Third Party Name: \_\_\_\_\_

As an account holder of Constellation Federal Credit Union who signed the Prior Consent to Release  
Financial Information form waived the confidentiality of my/our financial records to the third party  
named above. This written notice now revokes that authorization for any future requests from the so  
name third party effective \_\_\_\_\_ (date).

Account Number: \_\_\_\_\_

\_\_\_\_\_  
Member Signature Date \_\_\_\_\_

\_\_\_\_\_  
Joint Owner or Co-Borrower's Signature Date \_\_\_\_\_

Telephone Number \_\_\_\_\_