



AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I/We authorize Holy Rosary Credit Union to obtain any and all information they may require at any time for any purpose related to my/our credit transaction. This may include obtaining my/our personal credit history from a consumer reporting agency. I/We authorize Holy Rosary Credit Union to release such information to any entity they deem necessary for any purpose related to my/our credit request and to discuss on my/our behalf.

Signature _____ Date _____

Name _____ Date of Birth _____

Social Security # _____

Driver's License # (or other ID) _____ State _____

Home Address _____

City, State, Zip _____

Signature _____ Date _____

Name _____ Date of Birth _____

Social Security # _____

Driver's License # (or other ID) _____ State _____

Home Address _____

City, State, Zip _____

Signature _____ Date _____

Name _____ Date of Birth _____

Social Security # _____

Driver's License # (or other ID) _____ State _____

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