



## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_ authorize Fond du Lac Credit Union to fax  
information to \_\_\_\_\_ at the  
person or company name  
following fax number \_\_\_\_\_.

I understand that the information may be received at a fax machine that is not private. I agree to hold Fond du Lac Credit Union harmless if the information is viewed by an unauthorized person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

For office use only

Faxed by \_\_\_\_\_

Date & time faxed \_\_\_\_\_