



INFORMATION RELEASE

Member Number: _____ Initials: _____

I, _____ authorize Fond du Lac Credit Union to fax information to
_____ at fax number _____.

I understand that this information may be received at a fax machine or email 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: _____