

KAPPA ALPHA PSI FEDERAL CREDIT UNION

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Kappa Alpha Psi Federal Credit Union or any other credit bureau or investigative agency employed by Kappa Alpha Psi Federal Credit Union to investigate the references or credit and employment history I have listed and the statement or other information I or any person have supplied relative to my credit and financial responsibility and to exchange information about how I handle my account with proper persons and credit bureaus.

I am hereby notified a consumer report may be requested in connection with this credit application. If I request, I will be informed whether or not a consumer report was requested and if such report was requested I will be informed of the name and address of the consumer reporting agency that furnished the report. Kappa Alpha Psi Federal Credit Union may at any time in the future obtain additional credit reports to review my account. I certify the financial statements given to you herewith are true and correct with knowledge you will rely on them.

BORROWER _____

SIGNATURE _____

DATE _____

SOCIAL SECURITY# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CO-BORROWER _____

SIGNATURE _____

DATE _____

SOCIAL SECURITY# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____