

Loan Authorization Information Form



Form Instructions:

- 1 — Complete all applicable fields
- 2 — Print completed form
- 3 — Sign and date the **Signature** section

4 — Mail to:

Delta Community Credit Union,
ATTN: Loan Servicing
or P.O. Box 20541, Atlanta, GA 30320-2541
or Fax to: 470-351-6628

Member Information

Member Name

Delta Community Member Number

Social Security Number

Authorized Individual

Authorized Individual's Name

Social Security Number

Signature

I hereby authorize Delta Community Credit Union to give all of my present and future Consumer Loan Account information (excluding real estate loans) at Delta Community Credit Union to the individual I have selected and listed above as Authorized Individual. To revoke or change his authorization, I will send written notification to Delta Community Credit Union.

Signature

Date

