



WRITTEN AUTHORIZATION FORM - FAX

I authorize Sweetwater Federal Credit Union to fax the following document(s) on my behalf, using the information I am providing. I understand that these documents may contain information about my SFCU account and/or my personal information.

Name of Document: _____

Fax Number: _____

Name of Receiving Company/Individual:

Attention To/Other Instructions:

By signing below, I hereby indemnify and hold harmless SFCU for any and all actions, claims, or liability which may result from SFCU sending documents using the above information.

Print Name: _____

Signature: _____

Date: _____

Notary Statement:

State of _____, County of _____,

City of _____.

This person name named here personally came before me and signed above on this, the _____ day of _____, 20____.

My commission expires on _____, 20____.

Notary Signature

{seal}

For Credit Union Use Only:

Date Received: _____ Verified By: _____