

California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 9513 Glendale, CA 91206 Phone (818) 246 - 7241 Email: operations@cafcu.net

Website: www.cafcu.net

CREDIT REPORT REQUEST

I, by signi	ng below, authorize CALIFORNIA ADVENTIST
FEDERAL CREDIT UNION, to obtain a standar	d factual data credit report through a credit
reporting agency chosen by CALIFORNIA ADV	VENTIST FEDERAL CREDIT UNION; for a fee of
\$100.00 (per applicant), for services rendered	d by the CALIFORNIA ADVENTIST FEDERAL
CREDIT UNION.	
Applicants hereby also request a copy of the present residence and/or member will choos	credit report obtained be sent to the address of e to pick it up in person.
Please a mark one of the following:	
MAIL TO THE FOLLOWING ADDRES	SS: PICK UP AT THE BRANCH
	_
	_
My Signature below hereby authorizes this he	ere action(s).
Member's Signature	Member Name (Print)
Account Number	Date