



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

Full Name: Last First M.I.

Address: Street Address Apartment/Unit #: City State Zip Code

Account Number: Full SSN: DOB:

I, _____ by signing below, authorize CALIFORNIA ADVENTIST FEDERAL CREDIT UNION, to obtain a standard factual data credit report through a credit reporting agency chosen by CALIFORNIA ADVENTIST FEDERAL CREDIT UNION; for a fee of \$100.00 (per applicant), for services rendered by the CALIFORNIA ADVENTIST FEDERAL CREDIT UNION.

Applicants hereby also request a copy of the credit report obtained be sent to the address of present residence and/or member will choose to pick it up in person.

Please a mark one of the following:

MAIL TO THE FOLLOWING ADDRESS: PICK UP AT THE BRANCH

My Signature below hereby authorizes this here action(s).

Signature Name (Print) Date