



***CALIFORNIA ADVENTIST FEDERAL CREDIT UNION  
CREDIT REPORT REQUEST FORM***

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 \$25.00 (per applicant), for service(s) 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 chose to pick it up in person.

My signature below, hereby authorize this, here action(s).

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Member Name (Print)

\_\_\_\_\_  
Account Number:

\_\_\_\_\_  
Date: