

CONSENT TO PHOTOGRAPH



Date: _____

Name: _____

Address: _____

Account#: _____

I, authorize California Adventist Federal Credit Union to take my photograph(s) as part of their Membership Opening and/or Loan Application requirement.

Signature of Member or Parent (if under 18)

California Adventist Federal Credit Union
1441 E. Chevy Chase Drive, P.O. Box 1109, Glendale, CA 91209 • Phone (818) 246-7241

