



Authorization to Release Information to Attorney

Use this form to allow BECU to release information to your attorney.

By signing and submitting this form, you authorize BECU to release the information indicated below. If you have any questions, call **800-233-2328** to speak with a BECU representative.

Step 1. Your information

Full Name		
Email Address		Preferred Phone Number
Mailing Address		City
State / Province	Zip / Postal Code	Country

Step 2. Decedent's information

Decedent's Full Name	SSN / TIN (9 digits)
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Step 3. Attorney information

Law Firm Name		
Attorney Full Name		Preferred Contact Method <input type="radio"/> Email <input type="radio"/> Mail
Email Address		Preferred Phone Number
Mailing Address		City
State / Province	Zip / Postal Code	Country

Step 4. Authorization

I authorize BECU to release the following information to the law firm named on this form and its employees:

- Information regarding my accounts at BECU
- Information regarding the decedent's accounts at BECU

Step 5. Acknowledgements and consent

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the information I provide on this form is true and correct, provided for the purpose indicated above, and that this form is executed at the place and on the date indicated below.

Signature	Printed Name
Date (MM/DD/YYYY)	Place

If form is not submitted electronically, please return all pages of the completed and signed form to:
BECU
M/S: Account Servicing 1094-2
PO Box 97050
Seattle, WA 98124-9750