

THIRD PARTY LOAN AUTHORIZATION



Please complete, sign, and return this form. If you have any questions, contact a BECU representative at 800.233.2328.

1. Loan Contract Account Number

LOAN CONTRACT NUMBER(S):				
For the loan(s) indicated above, BECU and its employees are hereby authorized to disclose specific BECU loan account information that is identified in the boxes below to the person I (we) have authorized below. Only the information identified in the boxes below (select all that apply) shall be available to my chosen third-party designee:				
<input type="checkbox"/> Current loan balance	<input type="checkbox"/> Payment amount	<input type="checkbox"/> Payment due date	<input type="checkbox"/> Payment history	
<input type="checkbox"/> Payment method	<input type="checkbox"/> Amounts, payments, or charges due	<input type="checkbox"/> Property or collateral protection insurance		

2. Primary Borrower and Co-Borrower Contact Information

PRIMARY BORROWER NAME		EMAIL		
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER / TAX ID NUMBER		HOME PHONE	WORK PHONE	MOBILE PHONE
STREET ADDRESS (required)	CITY	STATE	ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (optional)	CITY	STATE	ZIP / POSTAL CODE	COUNTRY
CO-BORROWER NAME		EMAIL		
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER / TAX ID NUMBER		HOME PHONE	WORK PHONE	MOBILE PHONE
STREET ADDRESS (required)	CITY	STATE	ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (optional)	CITY	STATE	ZIP / POSTAL CODE	COUNTRY

3. Third Party Loan Information Authorized Designee (role limited to one per loan account)

NAME		EMAIL		
RELATIONSHIP TO PRIMARY BORROWER AND CO-BORROWER (e.g., attorney)		MOTHER'S MAIDEN NAME		DATE OF BIRTH
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER / TAX ID NUMBER		HOME PHONE	WORK PHONE	MOBILE PHONE
STREET ADDRESS (required)	CITY	STATE	ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (optional)	CITY	STATE	ZIP / POSTAL CODE	COUNTRY
BECU USE ONLY	DATE	REP	<input type="checkbox"/> ID verified <input type="checkbox"/> OFAC on Authorized Designee	

4. Agreements and Signatures

This authorization shall remain in effect for the duration that an outstanding balance is reflected on the account(s) referenced above unless I notify BECU in writing to revoke this authorization.

I hereby agree to hold BECU, its employees, officers, directors, and agents harmless from any claim, suit, action, or demand made by me and all other persons, which in any manner may arise from any action taken by BECU or its employees in connection with this authorization.

Note: All account holders listed under a joint account must authorize the release of information before the authorization is deemed valid and binding.

PRIMARY BORROWER SIGNATURE	DATE
CO-BORROWER SIGNATURE	DATE
AUTHORIZED DESIGNEE SIGNATURE	DATE

Please return completed form to:
BECU MS 1012-2 PO Box 97050, Seattle, WA 98124-9750
Or fax to: 206.805.5617