

# AUTHORIZATION TO RELEASE INFORMATION

Use this form to authorize Columbus Metro FCU to obtain your loan payoff, verification of deposit, verification of employment, etc. in connection with a loan application.



To Whom It May Concern:

I/We have applied for a loan. As part of the application process, the lender may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

I/We authorize you to provide to Columbus Metro Federal Credit Union any and all information and documentation they request. Such information includes, but is not limited to, employment history; credit history; rental history; and loan payoffs.

The lender may address this authorization to any party named in the loan application.

A photographic or FAX copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

\_\_\_\_\_ Date \_\_\_\_\_  
Borrower's Signature

Borrower's Social Security Number \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Co-Borrower's Signature

Co-Borrower's Social Security Number \_\_\_\_\_

---

**Mailing Address**  
Columbus Metro FCU  
P.O. Box 13240  
Columbus, OH 43213

**Contact Us**  
**By Phone** 614.239.0210 or 800.986.3876  
**By Fax** 614.239.0988  
**Online** [www.columbusmetro.org](http://www.columbusmetro.org)