



Authorization to Release Information

Russell Country Federal Credit Union
810 1st Avenue South
Great Falls, MT 59401
(406) 761-2880

Primary Member: _____ Member #: _____

Joint Member: _____ Effective Date: _____

You are hereby authorized to release all requested information to Russell Country Federal Credit Union pertaining to my deposit accounts, loan accounts, utility accounts, and insurance policies. You may communicate and provide documentation to a representative of Russell Country about any related information, including but not limited to, current balance, payoff balance, delinquency status, payment terms, interest rate, due date, payment history, account balance, account activity, and policy information. A copy of this authorization and electronic signatures are considered valid and may be accepted as originals. This Authorization to Release will remain in force until one or both parties sign to revoke it.

Primary Member: _____ Date: _____

Joint Member: _____ Date: _____

Revocation:

If signed below, by either member, this Authorization to Release Information has been revoked effective the date signed.

Primary Member: _____ Date: _____

Joint Member: _____ Date: _____