

Information User Authorization

Member Number: _____

By signing this form, I authorize APCU/Center Parc Credit Union and its agents to contact the individual(s) identified below as my Information User(s) in the event of a situation described below regarding any or all accounts I have with the Credit Union or any of its affiliates.

An Information User is someone other than the account owner. You may provide no more than two Information Users by completing and signing this Information User Authorization form.

Primary Information User			
Last Name	First Name	Middle Initial	
Relationship			
Phone Number	E-mail Address		
Mailing Address	City	State	Zip

Additional Information User			
Last Name	First Name	Middle Initial	
Relationship			
Phone Number	E-mail Address		
Mailing Address	City	State	Zip

<input type="checkbox"/> Check this box to invalidate all previously submitted Information User Authorization forms on file with APCU/Center Parc and revoke all current authorized Information Users.
--

Agreements of the Undersigned

I understand that the Credit Union or its agents and affiliates ("Credit Union") may contact Information User(s) for the following reasons:

- If there are questions or concerns about my whereabouts or health status;
- If the Credit Union suspects that I may be a victim of fraud or financial exploitation;
- If the Credit Union suspects I might no longer be able to handle my financial affairs;
- To confirm the identity of any legal guardian, executor, trustee, authorized user, or holder of a power of attorney; or
- If the Credit Union has any other concerns or is unable to contact me about my accounts, services or transactions with the Credit Union or its affiliates.

I further agree that: (1) this Authorization does not impose any obligation or requirement that the Credit Union or its affiliates contact or communicate with my Information User(s); (2) this Authorization is not a power of attorney and does not authorize an Information User to make any decisions or transactions on my behalf; (3) this Authorization is optional and I may change or withdraw it at any time by notifying the Credit Union in writing and giving the Credit Union a reasonable period of time to act on my notification; (4) the Information User(s) named herein are 18 years of age or older; (5) I may provide no more than two Information Users by completing and signing this Authorization; (6) the Credit Union and its affiliates are released and discharged from all claims, causes of action, damages, losses, expenses, costs and liabilities of any kind that may arise out of, relate to, or are in connection with the release of, or failure to release personal and/or account information to the Information User(s) I designate.

All Account Owners Must Sign this Form: For entity accounts, "Account Owner" means the entity for which the account was established and/or the natural person(s) authorized to represent and act on behalf of the entity (example: guardian, custodian, trustee, conservator, officer, partner or authorized agent).

Primary Account Owner Signature	Date
Joint Account Owner Signature	Date
Joint Account Owner Signature	Date