

AUTHORIZATION CERTIFICATE FOR RELEASE OF CREDIT UNION DATA

CompuSource Systems, Inc. ("we" or "us")

Fax: (716) 636-3711

Credit Union Name: _____ ("you")

Whereas, you have authorized the use of your credit union backup by us for the purpose described below, and

Whereas, we have already obtained a copy of this data for Microfiche/CD-DocuFile/Off-Site Storage, or CSS-eVault.

Now therefore in furtherance thereof you agree to the release of this data to the Individual/Department listed below. It is your responsibility to complete and return this form to Nicki Grisanti at our office, at which time the data will be forwarded to the party so listed.

Purpose of request for Credit Union Data:

(please circle all that apply)

Credit Union Out of Balance

Credit Union EFT Processor Change/Problem

Research Member Information

Disaster Recovery Test

CompuShare Program Testing

Print Member Statements

Create NCUA Aires diskette(s)

Testing of New Equipment purchased by Credit Union

Other (please specify):

Please release the Credit Union backup data for the following month ending _____

to the following Individual/Department: _____

Signed,

Authorized Signature

Date