

**FAX TO: 716-636-3711**

**ATTN: Nicki Grisanti**

**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 **CSS-eVault storage**.

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 via fax to the number listed above; at which time the data will be forwarded to the party so listed.**

**Purpose of request for Credit Union Data:**

**Print Member Statements**

**Other** (please specify):

Please release the Credit Union e-Vault data for the following date: \_\_\_\_\_

to the following Individual/Department: **Statement Processing Dept.**

Signed,

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date