

To: San Diego County Credit Union

Re: _____
(SPECIFIC ACCOUNT OR LOAN INFORMATION)

I/We hereby authorize _____ of _____ (individually or collectively, "Authorized Person") to discuss any and all information or documentation of any kind or nature, whether in oral, written, electronic or any other form (collectively, "Information") about the above-referenced loan(s), account(s) and/or application(s) (collectively, "Account"), with San Diego County Credit Union (SDCCU®). You are further authorized to deliver any Information requested by Authorized Person which concern(s) the Account. I/We understand that I/we will be fully responsible for having reviewed any Information that is sent or otherwise provided by SDCCU to Authorized Person and for having authorized the same to be sent or otherwise provided to Authorized Person.

In connection with SDCCU's initial receipt of this authorization form (this "Authorization"), SDCCU will take reasonable steps to verify the identity of Authorized Person or the person claiming to be Authorized Person in the course of SDCCU's initial contact with Authorized Person or such person. However, SDCCU will have no responsibility or liability to verify the true identity of Authorized Person or such person following such initial verification as aforesaid, whether in connection with any request by Authorized Person or such person to discuss the Account, any request by Authorized Person or such person to discuss or obtain Information concerning the Account, or otherwise. In addition, SDCCU shall not have any responsibility or liability whatsoever for what Authorized Person or such person does or does not do with any Information Authorized Person or such person obtains concerning the Account, including, without limitation, how Authorized Person or such person uses or does not use/discloses or does not disclose/protects or does not protect such Information.

I/We hereby agree to indemnify, defend, protect and hold harmless SDCCU, its successors and/or assigns from any and all actions and causes of action, suits, claims or demands arising in connection with SDCCU discussing the Account and/or providing any Information concerning the Account with or to Authorized Person or such person claiming to be Authorized Person.

In addition, except for the obligations of SDCCU set forth above, I/We hereby release SDCCU from any and all actions, causes of action, costs, expenses, attorneys' fees, damages, claims and liabilities whatsoever, whether or not now known, arising in connection with any actions performed by SDCCU in accordance with the terms of this Authorization. I/We acknowledge that I/we is/are familiar with Section 1542 of the California Civil Code which provides as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

I/We expressly waive(s) and relinquish(es) any and all rights and benefits which I/we may have under, or which may be conferred upon me/us by the provisions of Section 1542 of the California Civil Code, as well as under any other similar state or federal statute or common law principle, to the fullest extent that I/we may lawfully waive such rights or benefits pertaining to the releases set forth in this Authorization.

This Authorization will remain in effect until I/we specifically notify SDCCU in writing that this Authorization is of no further force and effect.

In Witness Whereof, I/we have signed this Authorization of my/our own free will, intending to be bound thereby.

BORROWER'S SIGNATURE

LAST 4 DIGITS SSN

DATE

CO-BORROWER'S SIGNATURE

LAST 4 DIGITS SSN

DATE