



**AUTHORIZATION FOR ACCOUNT ACCESS AND
CONSENT TO SHARE INFORMATION**

You have signed a Solar Energy System Long Term Short Term Loan Agreement and Promissory Note dated _____ for the purchase of a solar energy system, on credit, with a loan or loans made by Technology Credit Union, Loan Number(s) _____ (“Transaction(s)”).

You would like to provide the following Authorized Party access to Transaction information. By completion of this AUTHORIZATION FOR ACCOUNT ACCESS AND CONSENT TO SHARE INFORMATION form, you authorize Technology Credit Union to provide your Transaction related personal, financial, and account information to the Authorized Party. You understand that this information may include personal information, such as your name, your date of birth, and your social security number. Shared information may also include financial and account information pertaining to your Transaction(s) with Technology Credit Union including, but not limited to outstanding balance, late payments, fees and charges, payoff amounts, and copies of Transaction documents.

Authorized Party Information

Name: _____ Date of Birth _____

Mother’s Maiden Name _____ Driver’s License _____

Address: _____

Phone Number: _____ E-Mail Address _____

Authorized Party Signature

Completion of this AUTHORIZATION FOR ACCOUNT ACCESS AND CONSENT TO SHARE INFORMATION form is voluntary and not a condition of any extension of credit. You understand that you may revoke this consent, electronically, in writing or by phone, at any time. Electronic notice of revocation must be sent to Technology Credit Union at solar@techcu.com. Written notice of revocation must be delivered to Technology Credit Union at PO Box 1409 San Jose CA 95109. Your revocation of consent does not apply to information already released as a result of this consent.

You have reviewed this completed AUTHORIZATION FOR ACCOUNT ACCESS & CONSENT TO SHARE INFORMATION. You voluntarily and expressly agree that Technology Credit Union may share Transaction personal, financial, and account information with the named Authorized Party.

Borrower Signature

Date

Preferred Contact Phone Number