

AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize Dubuque Postal Employees Credit Union and /or any financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status, a credit report, any other background information needed in connection with a LOAN to

Dubuque Postal Employees Credit Union

Person reports are on:

Print Name _____ Date _____

Signature _____

Social Security # _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Dubuque Postal Employees Credit Union

1155 Loras Blvd

Dubuque, IA 52001

563-582-9515