THIRD PARTY LOAN AUTHORIZATION



Please complete, sign, and return this form. If you have any questions, contact a BECU representative at 800.233.2328.

	ount Number					
LOAN CONTRACT NUMB	ER(S):					
For the loan(s) indicated aborthe boxes below to the person to my chosen third-party de	on I (we) have authorized be					
☐ Current loan balance ☐ Payment amount ☐			Payment due date			
Payment method	Amounts, payments, or	charges due	Property or	collateral p	rotection insurance	
2. Primary Borrower	and Co-Borrower Co	ntact Informat	ion			
PRIMARY BORROWER NA	AME		EMAIL			
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER / TAX ID NUMBE		TAX ID NUMBER	HOME PHONE WORK PHONE		WORK PHONE	MOBILE PHONE
STREET ADDRESS (require	ed)	CITY		STATE	ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (option	nal)	CITY		STATE	ZIP / POSTAL CODE	COUNTRY
CO-BORROWER NAME		<u> </u>	EMAIL	1		
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER / TAX ID NUM		TAX ID NUMBER	HOME PHO	ONE	WORK PHONE	MOBILE PHONE
STREET ADDRESS (require	ed)	CITY		STATE	ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (option	nal)	CITY		STATE	ZIP / POSTAL CODE	COUNTRY
3. Third Party Loan Ir	oformation Authorize	d Designee (ro	le limited to	one ner l	oan account)	
or rimar arty boarri						
NAME	normation rathoniza	u Designee (10	EMAIL	one per i		
			EMAIL			
NAME RELATIONSHIP TO PRIMA			EMAIL		'S MAIDEN NAME	DATE OF BIRTH
	RY BORROWER AND CO-	BORROWER (e.g.	EMAIL , attorney)	MOTHER'		DATE OF BIRTH MOBILE PHONE
RELATIONSHIP TO PRIMA	RY BORROWER AND CO- CIAL SECURITY NUMBER /	BORROWER (e.g.	EMAIL , attorney)	MOTHER'	S MAIDEN NAME	
RELATIONSHIP TO PRIMA	RY BORROWER AND CO- CIAL SECURITY NUMBER / ed)	BORROWER (e.g. TAX ID NUMBER	EMAIL , attorney)	MOTHER'	S MAIDEN NAME WORK PHONE	MOBILE PHONE
RELATIONSHIP TO PRIMA LAST FOUR DIGITS OF SOO STREET ADDRESS (require MAILING ADDRESS (option	RY BORROWER AND CO- CIAL SECURITY NUMBER / ed)	BORROWER (e.g. TAX ID NUMBER CITY	EMAIL , attorney)	MOTHER' DNE STATE	S MAIDEN NAME WORK PHONE ZIP / POSTAL CODE ZIP / POSTAL CODE	MOBILE PHONE COUNTRY COUNTRY
RELATIONSHIP TO PRIMA LAST FOUR DIGITS OF SOO STREET ADDRESS (require MAILING ADDRESS (option	RY BORROWER AND CO- CIAL SECURITY NUMBER / ed) nal)	BORROWER (e.g. TAX ID NUMBER CITY CITY	EMAIL , attorney)	MOTHER DNE STATE STATE	S MAIDEN NAME WORK PHONE ZIP / POSTAL CODE ZIP / POSTAL CODE	MOBILE PHONE COUNTRY COUNTRY
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RELATIONSHIP TO PRIMA LAST FOUR DIGITS OF SOC STREET ADDRESS (require MAILING ADDRESS (option BECU USE ONLY 4. Agreements and S This authorization shall rem BECU in writing to revoke the shall of the shall remediate to hold BECU persons, which in any mannous of the shall account holders list	RY BORROWER AND CO- CIAL SECURITY NUMBER / ed) nal) DATE ignatures nain in effect for the duration is authorization. J, its employees, officers, diner may arise from any action sted under a joint account meaning the second of the second o	BORROWER (e.g. TAX ID NUMBER CITY CITY REP In that an outstanding rectors, and agents in taken by BECU contractions.	email attorney) HOME PHO ng balance i harmless from the months of th	MOTHER DNE STATE STATE ID veri	WORK PHONE ZIP / POSTAL CODE ZIP / POSTAL CODE Grided OFAC on Authority on the account(s) reference m, suit, action, or demandence of the authority authority are fore the authority at the suit of the account is a suit of the authority are fore the authority at the suit of the authority are fore the authority are fore the authority are fore the authority at the suit of the authority are fore the authority are fore the authority at the suit of the authority are fore the authority at the suit of the suit	MOBILE PHONE COUNTRY COUNTRY norized Designee nced above unless I notify d made by me and all other ation. deemed valid and binding.