

Authorization to Release Information to Employer



Federal law requires this consent form be provided to you. Unless authorized by law, BMI Federal Credit Union® cannot disclose, without your consent, any non-public personal information and/or other financial information to third parties.

I, _____, hereby authorize BMI Federal Credit Union to release
Employee Name
information concerning my BMI FCU® account, and any necessary identifying information with my
employer, _____, in order to facilitate the direct deposit of employer
Employer Name
contributions to my account. This authorization is granted only upon the initial set up of my account,
and shall be revoke upon the first contribution from my employer into my account. A photocopy of this
authorization shall be deemed as effective as the original.

Signature

Date

Printed Name