



450 Route 8 Maite GU 96910
T: 671.477.8736 | F: 671.477.1167
coast360fcu.com

Standing Letter of Authorization Facsimile, Mail or Electronic Correspondence

To: **Coast360 Federal Credit Union**

I, _____, **SSN:** _____, **Member Number:** _____ I authorize **Coast360 Federal Credit Union** to perform any transaction upon my written request sent thru fax, mail or electronic correspondence signed by me.

I hereby agree to indemnify and hold **Coast360 Federal Credit Union** harmless from and against any loss, claim, damage or liability arising out of or resulting from any action taken by Coast 360 Federal Credit Union concerning this authorization.

I understand that these instructions will remain in effect unless changed or revoked in writing by me to **Coast360 Federal Credit Union** and that **Coast360 Federal Credit Union** reserves the right to decline to act on these instructions at any time without prior notice. If I change the above instructions, I understand that may require the new instructions in writing. I also understand that from time-to-time, **Coast360 Federal Credit Union** may deem it appropriate to update these instructions, discuss or confirm with me and/or require additional written authorization before acting on these instructions.

Member Signature

Date

OFFICIAL CU USE ONLY

REQUEST RECEIVED VIA: ___ WALK IN ___ MAIL

IDENTIFICATION USED: _____ EXP DATE: _____

IDENTIFICATION USED: _____ EXP DATE: _____

TELLER INITIAL / #: _____ DATE: _____