

**REVOCATION OF  
PRIOR CONSENT TO RELEASE FINANCIAL INFORMATION**

By signing this form, I, \_\_\_\_\_, revoke the Prior Consent to Release Financial Information authorization currently on file at **Bellco Credit Union**. An account holder of a financial institution who signed the Prior Consent form waived the confidentiality of his/her financial records and authorized the financial institution to contact the county/district department of social services and local law enforcement of known or suspected financial exploitation of the account holder. This signed written notice revokes any prior authorization to Bellco Credit Union for the release of financial information.

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Customer

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip