

**AUTHORIZATION FOR
RELEASE OF CREDIT INFORMATION**

I, THE UNDERSIGNED, AUTHORIZE INNOVATIVE CREDIT SOLUTIONS (ICS) AND /ANY AND ALL FINANCIAL INSTITUTIONS, CREDIT BUREAUS OR OTHER CREDIT PROCESSING COMPANIES TO RELEASE CURRENT CREDIT STATUS TO:

Mt. Pleasant Baptist Church FCU - ATTN: CREDIT COMMITTEE

Print Name: _____

Social Security: _____

Address: _____

City: _____ State: _____ Zip (required) _____

Signature: _____

Date: _____

INNOVATIVE CREDIT SOLUTIONS, INC.
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LEXINGTON, SC 29071
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EMAIL: info@icscredit.com

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