

Support Person(s) Authorization

I/We _____ being authorized account holder(s) with the Kingston Community Credit Union Limited (hereinafter referred to as "the Credit Union") do hereby authorize the Credit Union staff to discuss, review, print, etc. any personal or confidential account information in the presence of the following named support person(s):

_____.

The undersigned hereby agrees as follows:

- Information discuss may include, but is not limited to: account balances, status and activity, details on investments or borrowings and membership information.
- This authorization will extend to any accounts on which the undersigned has authorized authority.
- This authorization only will be effective for the purpose of inquiries and discussions during my/our presence today and will not extend to any future inquiries or discussions.

The undersigned hereby acknowledge and agree to save harmless the Kingston Community Credit Union Limited for any losses, damages (direct, indirect or consequential) or inconveniences whatsoever from a breach of confidentiality that may arise as a result of such inquires and discussions in the presence of the above named support person(s).

Dated at _____, Ontario, this _____ day of _____, 20 _____.

Member Signature

Witness Signature

Member Signature

Witness Signature

Membership Accounts affected by this agreement: _____