



## CONSENT TO PHOTOGRAPH

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Account#: \_\_\_\_\_

I, authorize California Adventist Federal Credit Union to take my photograph(s) as part of their Membership Opening and/or Loan Application requirement.

\_\_\_\_\_  
Signature of Member or Parent (if under 18)

