Trusted Contact Authorization



| Member name | | | Member number |
|--|--------------|----------------------------|---------------|
| Huntington Beach Credit Union is committed to protecting our members from the risk of financial exploitation – today and into retirement. You have the opportunity to provide us with a person or list of persons who you trust, and to allow us to contact them if we suspect you ever become a victim of financial exploitation. Sometimes, third parties can try to take advantage of the trust and goodwill of a member. Or sometimes, a member can become disabled, impaired, and vulnerable to mistreatment by others. Take this easy step to protect your financial security. | | | |
| We invite you to provide us with a list of your trusted family members or friends below. If we suspect you are being exploited financially, we can alert you and those you list below. Your participation in this program is purely voluntary. You may change or remove any name(s) at any time. We will always comply with your wishes in this matter. | | | |
| We will keep any response you send us entirely confidential, just as we do with all your personal information. You may ask to participate in this program at any time in the future. | | | |
| Contact List | | | |
| If Huntington Beach Credit Union ever suspects I may have become a victim of financial exploitation, I ask that the following be notified of the nature of the exploitation and any other related information needed to protect me. | | | |
| Name | Relationship | | Phone number |
| Name | Relationship | | Phone number |
| Name | Relationship | | Phone number |
| I understand that I can change, remove or add to any of the above, at any time. | | | |
| Member signature | Date | HBCU employee witness name | |

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