



838 Eglin Parkway N.E.
Fort Walton Beach, FL. 32547-2781
eglinfcu.org

Account: _____
Last Name: _____

Request for Discounted CARFAX through EFCU

SHOW ME THE CARFAX

Required Information

First name: _____

Last name: _____

Account number: _____

Phone number: _____

Email: _____

Account suffix to withdraw funds from: _____

Vehicle identification Number (VIN): _____

◀ I authorize EFCU to withdraw \$20 from the suffix indicated above to pay for a discounted CARFAX for the VIN listed above.

Member Signature

Date

Internal Office Use Only

Request Received By

Date