

CREDIT REPORT AUTHORIZATION FORM

By my signature below I, _____, authorize RIO GRANDE CREDIT UNION to obtain a Background Check and/or Consumer Credit Report on me.

This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

The Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents or references for which I have provided.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

Applicant's Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Provide Addresses for the Last 7 Years

Current Street Address: _____ City: _____

State: _____ Start Date: _____

Prior Street Address: _____ City: _____

State: _____ Start Date: _____ End Date: _____

Prior Street Address: _____ City: _____

State: _____ Start Date: _____ End Date: _____

Driver's License #: _____ State: _____

I do consent and give my authorization for you to obtain employment information, a criminal background check and credit reports for your review and consideration in determining my qualifications for candidacy on the Supervisory Committee of Rio Grande Credit Union.

Signature: _____ **Date:** _____

****NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVERS LICENSE****