

LOURDES HOSPITAL FEDERAL CREDIT UNION

Request for Verification of Employment

Employee number: _____

To: (Name and address of employer)

From: (Name and address of lender)

LOURDES HOSPITAL FEDERAL CREDIT UNION

Signature of lender

Title

Date

I have applied for a loan and stated that I am employed by you. My signature below authorizes verification of this information.

Name and address of applicant.

Signature of applicant.

Employment and Pay Data

Is applicant now employed by you? _____ yes _____ no

Length of applicant's employment. _____

Employment status. _____

Position or job title. _____

Base pay: \$ _____

Any wage assignments or garnishments? _____ yes _____ no

If yes, amount per check. \$ _____

Signature of Employer

Title

Date