Credit Report Authorization Form

FORUM CREDIT UNION

FORUM Credit Union | P.O. Box 50738, Indianapolis, Indiana 46250 | www.forumcu.com
Phone: 317.558.6000 Fax: 317.558.6268

Name (Please print): _____

Street Address: _____

City, State, Zip: _____

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

FORUM Member Number: _____ **FORUM Account Number:** _____

If you are not a FORUM Member, please check this box: ☐

Valid driver's license must accompany this form.

I authorize FORUM Credit Union to obtain my credit report and review my credit history. I understand by pulling my credit an inquiry will be added to my credit file, and the inquiry associated with this request could affect my credit score.

By signing below, I understand and agree to the disclosure stated above.

Signature: _____

Daytime Phone: _____ **Date:** _____

FORUM Employee Use Only:

Branch Location: _____

Employee Name (Please Print):_____ **Date:** _____

EQUAL HOUSING OPPORTUNITY
Your savings federally insured to at least $250,000 and backed by the full faith and credit of the United States Government.
NCUA
National Credit Union Administration, a U. S. Government Agency