

PHI Federal Credit Union
P. O. Box 82405
Lafayette, La 70598-2405
Phone (337) 233-2274 Fax (337) 232-0026

REQUEST FOR VERIFICATION OF EMPLOYMENT

FOR EMPLOYEE ONLY:

NAME OF COMPANY _____

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

Employee # _____

For Credit Union or Employer ONLY

1. Do you employ applicant?

YES or No

5. Base Pay:

2. Length of applicant's employment

6. Name of Immediate Supervisor:

3. Employment Status:

7. If on probation, give reason:

4. Position or Job Title

8. Any wage assignments or
garnishment? YES or NO
Monthly Amount \$ _____

Remarks: _____

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.

This form is to be transmitted directly to the PHI Federal Credit Union and is not to be transmitted through the applicant or any other party.

Signature of Employer

Title

Date

For Credit Union Office only

Salary Verified By: _____ Date _____