

ACADIANA MEDICAL FEDERAL CREDIT UNION
Request for Verification of Employment

Employee number: _____

To: (Name and address of employer)

From: Acadiana Medical Federal Credit Union
702 Saint Landry Street
Lafayette, LA 70506

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 with 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