

Credit Report Authorization Form

Your Information

CREDIT UNION NAME	
COMPLETE NAME (first / middle initial / last / jr / sr)	SPOUSE'S NAME (only if you are requesting a report for your spouse)
SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER
DATE OF BIRTH	SPOUSE'S DATE OF BIRTH
CURRENT ADDRESS (please include City, State and ZIP)	
PREVIOUS ADDRESS (within the last 5 years)	

Authorizing Signature(s)

By signing this form, I acknowledge that I am the person named above and I understand that Federal Law provides that a person who obtains credit information under false pretenses shall be fined or imprisoned not more than two years or both. Furthermore, I certify that, if I am receiving my spouse's credit report, I am married to the person and receiving it with his or her knowledge or consent. **Please Note: The generation of this report is for educational purposes and will result in an inquiry on your credit file.**

CLIENT SIGNATURE	SPOUSE'S SIGNATURE (only if you are requesting a report for your spouse)
DATE	DATE
PHONE	PHONE

Fees

*There is a \$12 fee for each credit report accessed.
 Please check the box to identify who the report is for:*

Me (\$12) My spouse and me (\$24)

Payment

<input type="checkbox"/> Credit card	CARD TYPE <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
	CARD NUMBER	EXP. DATE
	CARDHOLDER'S SIGNATURE	AMOUNT TO BE CHARGED
<input type="checkbox"/> Check or Money Order	Please make check/money order to: BALANCE, and mail to 595 Market Street, 16th Floor, San Francisco, CA 94105	