

# Indirect Lending

## Employment Verification Request



Dealers: Please have applicant(s) complete Section 1 and sign Section 4.  
Email to [kkramer@netcreditunion.com](mailto:kkramer@netcreditunion.com)

### Section 1: Employee Information

This section must be completed so that we may access the employee's records.

*Employee's Name (Last, First, Middle Initial):	*Title:	*Employee ID:		
Home Address:	Apt #:	City:	State:	Zip:
*Name and Address of Employer:	Start Date:	Employment Income:		
	Business Phone:	\$ _____ Per Month		
		\$ _____ Per Week		
		\$ _____ Annually		

### Section 2:

This section should be completed only if the third-party is to receive the verification.

Third-Party Contact Name: <b>INDIRECT LENDING DEPARTMENT</b>	Company or Institution: <b>NET FEDERAL CREDIT UNION</b>		
Daytime Phone: <b>Kim 570-961-7447</b>	Fax #:	Email: <b>kkramer@netcreditunion.com</b>	
Address: <b>119 Mulberry Street</b>	City: <b>Scranton</b>	State: <b>PA</b>	Zip: <b>18503</b>

### Section 3: Verification Type

Check the box(es) to indicate what information you are requesting and how you would like it to be sent.

<input checked="" type="checkbox"/> Title of Employee	<input checked="" type="checkbox"/> Current Salary	<input checked="" type="checkbox"/> Date of Hire	Earnings for a Specific Period: From _____ to _____
<input type="checkbox"/> Other (Please specify): _____			
How would you/the third party like to receive the requested information?			
<input type="checkbox"/> Email or <input type="checkbox"/> Fax <input type="checkbox"/> Other (Please specify): _____			
Additional Information/ Unique Requests:			

### Section 4: Employee Signature

The employee must provide must provide their signature, authorizing release of their employment information, before this request can be fulfilled. Even if you are a third-party placing the request, you must obtain the employee's signature.

I authorize my current employer to release my employment information to NET Federal Credit Union as indicated above.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing this form, you grant your employer permission to send any and all details related to your job history with your employer.