Verification of Deposit Request

consumers credit union

This form is intended for housing assistance agencies requesting member deposit information. For faster processing please ensure all fields are completed and the member signature is completed in Section 3: Member Authorization. The completed form can then be uploaded to our online VOD Portal located at **www.consumerscu.org/vod-request.** The completed request will be faxed to the return fax number provided for the Requester on this form.

Section 1: Requester Information

Company Name: _____

Attention To: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Requester Email *(optional)*: _____

Requester Phone Number: _____

Return Fax Number: _____

Section 2: Member Information

Member Full Name (First MI Last): _____

Member Social Security Number: _____

Member Account Number(s): _____

Section 3: Member Authorization

I authorize and direct Consumers Credit Union to release the following information (as available) to the mentioned Requester for my deposit accounts listed above: Member Name, Member Address, Member SSN (last 4 digits), Account Number (last 4 digits), Account Type, Current Balance, Interest Rate, Early Withdrawl Penalty, Open/Close Date and 6 Month Average Balance. If an account number is not provided above, details will be provided for active deposit accounts (open and closed within the past 6 months).

_____ _____

Member Signature ***Date***