

**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