



NIH

Federal Credit Union

LETTER OF SPONSORSHIP

If Sponsor *and* Applicant do not execute membership in the presence of an NIHFCU Associate or an NIHFCU Associate does not obtain sponsor verification, this document must be notarized.

I, _____ hereby sponsor _____ for
Sponsor's Name Here Applicant's Name Here
membership in the NIH Federal Credit Union.

I understand that the applicant must be a "member of my immediate family" as defined: *spouse, parent, grandparent, brother, sister, children, grandchildren, aunt, uncle, son-in-law, daughter-in-law, step-brother, step-sister, step-children, children for which I am the legal guardian, and persons who regularly co-habit with me and who share joint financial responsibilities with me*, to be eligible for membership with NIH Federal Credit Union.

Sponsor's Member Number: _____ Relationship to Applicant: _____

Daytime phone number: _____ Email address: _____

By signing, I certify that the information provided on this Letter of Sponsorship is true and correct.

Sponsor/Member's Signature Date

I hereby certify that on this _____ day of _____, 20_____, before me, the undersigned officer, a Notary Public of the State of _____, in and for _____ County or City, personally appeared _____ whose name is subscribed to this document and did acknowledge that (s)he executed the same for the purposes therein contained.

Notary Public: _____ Commission Expiration Date: _____

CREDIT UNION USE ONLY

Member Number Assigned to Applicant: _____

Sponsor verification obtained: In Presence of NIHFCU Associate _____ By phone _____ Notary _____

Sponsor's Member Number: _____ Account Verification Date: _____
(Good standing)

Sponsor's Identification Type: _____ Place of Issuance: _____

Identification Number: _____ Expiration Date: _____

Processed By: _____
NIHFCU Associate's Signature Associate's Number Date