Credit Report Authorization

I give NIHFCU permission to obtain my credit report from one or more consumer reporting agencies for the following purposes:

(a) To review my report with me to confirm the report's accuracy and determine whether there may be actions I can take that might improve my credit score; and

(b) To determine whether the NIH Federal Credit Union might be able to offer me credit products with more favorable interest rates, lower payments or other more advantageous terms than credit products I currently have.

I understand that there is no fee for the credit report, and that NIHFCU will review my report with me but cannot make any guarantees that that I will be able to improve my credit score or qualify for NIHFCU loan products.

_____ ___ _____ ___ ___ ___ - ___ ___ - ___ ___ ___ ___

First Name MI Last Name Social Security Number

_____ _____ _____ _____

Address City State Zip Code

Phone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ Best Time To Call: _____

_____ _____

Signature Date

- To submit your completed form, please -

- Fax to 301.296.3378 (attention: Consumer Lending), or
- Stop by any NIHFCU branch, or
- Mail to: NIH Federal Credit Union, P.O. Box, 6475, Rockville, MD 20849-6475 (attention: Consumer Lending)
- Please do not submit by email

Should you have any questions, please call us at 877.398.0928

For internal use only:

Branch/Dept:_____ Date: _____ Employee initials_____ Employee signature: _____