

# CREDIT REPORT AUTHORIZATION



LCFCU.ORG | 202-707-5852 |  
800-32-LCFCU (52328) | 800-325-2328

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MEMBER NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, hereby give my one-time consent and authorization to obtain my credit report to the Library of Congress Federal Credit Union (LCFCU) for the sole purpose of evaluating my creditworthiness so that LCFCU may assist with recommendations to improve my credit history and credit score.

I understand that my consent and authorization will not to be used by LCFCU for the purpose of credit offerings and that I must apply for credit through LCFCU if I choose or need to apply for credit.

I understand that my credit report may be obtained from one or more credit reporting agencies.

I understand that by providing my consent and authorization to LCFCU to obtain my credit report may cause a credit inquiry to appear on my credit report which may or may not affect my credit score.

I understand that under federal law I am entitled to request one free copy of my credit report once every 12 months and that request will not affect my credit score.

\_\_\_\_\_  
*Member Signature*

\_\_\_\_\_  
*Date*

**Please fax the completed Credit Report Authorization to 202-707-6418  
or bring it with you the next time you stop by the branch.**