

**Authorization for Release of
Employment Verification Information**

I authorize you to release to Inspirus Credit Union, a Division of Gesa Credit Union verification of my employment at

A copy of this authorization may be accepted as an original.

Employee _____

Signature _____

Date _____

Employer, please complete the information below and mail or fax to:

Inspirus Credit Union
P.O. Box 576
Seattle, WA 98111-0576
Fax: (206) 676-1007

Phone: (206) 628-4085

Date _____ Time _____

_____ is employed at _____
(employee name) (company name)

full time / part time (please check one) as a/an _____
(position)

Completed by _____
(printed name) (signature)

Title _____