

# EMPLOYEE VERIFICATION FORM



Verification Type:     Membership         Loan

\_\_\_\_\_ Atlanta FAX (404) 845.5033

\_\_\_\_\_ Forsyth FAX (770) 844.3801

I authorize Northside Hospital to release information relative to my employment with Northside Hospital to Northside Federal Credit Union.

Member Information		
Last Name	First Name	Middle Initial
Email Address	Phone Number	Employee ID#

Member's Signature	Printed Name	Date
Credit Union Representative's Signature	Printed Name	Date

TO BE COMPLETED BY PAYROLL		
Employee ID	Department Number	Seniority Date of Employment
Employment Type	Employment Status	Number of Hours
Position	Base Rate	

Hospital Representative's Signature	Printed Name	Date
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