



AFFIDAVIT

VERIFICATION OF RELATIONSHIP TO ABE CREDIT UNION MEMBER

(To Be Completed By Applicant)

I, (1) _____, hereby swear that I am the
(2) _____ of an American Broadcast Employees
Federal Credit Union member, (3) _____ who
works at (4) _____ in the
(5) _____ department. His/her work telephone number is
(6) _____.

I certify that the information given above is true and correct. Furthermore, I understand that the ABE Credit Union reserves the right to close my account(s), without prior notice to me, in the event that any information given is false.

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Complete each area above with the following information:

- (1) Applicant's name
- (2) Applicant's relationship to member (mother, father, daughter, son, etc.)
- (3) Member's name
- (4) Member's work address
- (5) Member's department
- (6) Member's work phone number