



AFFIDAVIT

VERIFICATION OF RELATIONSHIP TO FAMILY MEMBER

(To Be Completed By Current Member)

I, (1)_____, hereby swear that I am the

(2)_____ of (3)_____

who is applying for membership to the Credit Union. I am an active member of the ABE Federal Credit Union, and my account number is (4)_____.

I am an employee of (5)_____, located at

(6)_____ in the

(7)_____ department. My telephone number is

(8)_____.

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) and terminate my membership without prior notice to me, in the event that any false information results in a loss to the ABE Credit Union.

Member's Signature:_____ Date:_____

Witness Signature:_____ Date:_____

Complete each area above with the following information:

- (1) Your name
- (2) Your relationship to applicant (mother, father, daughter, son, etc.)
- (3) Applicant's name
- (4) Your credit union account number
- (5) Your company name
- (6) Your work address
- (7) Your department name
- (8) Your work telephone number