Greenwood Credit Union
2669 Post Road | Warwick, RI 02886 | greenwoodcu.org | 401-739-4600

Application Authorization

I/We certify that all statements made on the attached application are accurate. I/We authorize Greenwood Credit Union to obtain credit reports, contact creditors and/or disclose information to creditors listed on the attached application. I/We understand that it is a federal crime to willfully provide incomplete or incorrect information on a loan application

X_____ ***X***_____

Signature of Applicant *Date* *Signature of Co-Applicant* *Date*

Acknowledgment of Joint Credit

We, the undersigned, intend to apply for joint credit on the attached application.

X _____ ***X*** _____

Signature of Applicant *Date* *Signature of Co- Applicant* *Date*