



WEST TEXAS

CREDIT UNION

Educating the community

Personal Information Sheet

First Name _____ MI _____ Last Name _____

Date of Birth _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Work Phone _____

Email Address _____

Employer _____

Spouse Information

First Name _____ MI _____ Last Name _____

Date of Birth _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Work Phone _____

Email Address _____

Employer _____

Please circle how you heard about us: Friend/Family Credit Counseling Advertisement Other

By signing below, I hereby authorize West Texas Credit Union to obtain a credit report through a credit reporting agency chosen by WTCU. I understand and agree that WTCU intends to use this credit report for purposes of evaluating my finances. I understand that this credit report will be retained on file at WTCU and that the information will not be disclosed to anyone without my prior knowledge or consent.

Signature _____ Date _____

Get in touch

Follow us on



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