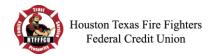
## **Supervisory Committee Application**

	GENERAL INFO	RMATION				
Full Name:						
Member #:	Social Security #:					
	City:					
Phone #:		Alternate Phone #:				
Date of Birth:	Driver License # (and State):	Email:				
	EDUCATION					
	Name and Address	Years Completed	Degree/Course of Study			
College/University	T (unite una Fragress	T cars completed	Degree, course of study			
Trade/Business						
Other						
		OVAMENT				
	CURRENT EMPL		TT.			
	Phone:					
Position:	Duties:					
	REFERENC	CES				
Please list three busine	ss references - those that have knowledge		ence, and ability.			
Name	Address	, 1	Phone			
rume	Address		T HOHE			
	QUALIFICAT	TIONS				
Please list all experience	ce, training, etc. that you feel would assist	you in qualifying you for the	his Committee			
		<del> </del>	····			
Louthoriza Houston To	over Fire Fighters Federal Credit Union ("C	lradit [[nian]]) to conduct a	thorough and commenced			
I authorize Houston Texas Fire Fighters Federal Credit Union ("Credit Union") to conduct a thorough and comprehensive investigation of my background for the purpose of determining my qualifications for a position on the Supervisory						
Committee of the Cred		y quantications for a posit	ion on the Supervisory			
I agree to release and hold the Credit Union, its officers, directors, committee members, employees, and insurers of the						
	ffiliates or subcontractors harmless of and	2 2	2			
their investigation, and/or disclosure of such information to the officials of the Credit Union, other than liability that results from material deviation from the authorization hereby given by me or from intentional misconduct.						
Todato from material d	grades from the addictization hereby give	on of the or from mention	ar misconduct.			
	D AGREEMENT TO SERVE					
	nation provided on this form is true and cor					
	ge to carry out the duties and responsibilitie	es commensurate to the Fe	deral Credit Union Act and the			
bylaws and policies of	this credit union.	_				
Applicant Signature:		Date:				



## **Consumer Credit Disclosure Notice**

The Houston Texas Fire Fighters Federal Credit Union, as part of the procedure for processing your Supervisory Committee application, may obtain a consumer report containing financial information, background information and other information about you from a credit reporting agency.

We will not obtain such a report without your signed authorization.

We comply with the Fair Credit Reporting Act, which provides consumers with rights regarding consumer reports, and places specific obligations on companies using credit reports.

I hereby acknowledge that I have read the above disclosure statement and have understood it.

Signature:	Date	

## **Consumer Credit Authorization**

I hereby authorize Houston Texas Fire Fighters Federal Credit Union to obtain a consumer credit report containing
financial and other information about me from a consumer reporting agency as part of the credit union's
investigation into my application for appointment to the Supervisory Committee. I also release any parties involved
in this process from any liability connected with my consumer credit report.

Signature:	Date

## **Supervisory Committee Authorization Form**

I,, authorize Houston Texas Fire Fighters Federal Credit Union ("Credit Union"), its officers, directors, committee members, employees and insurers, to conduct a thorough and comprehensive investigation of my background for the purpose of determining my qualifications for a position on the Supervisory Committee of the Credit Union as determined by the Credit Union.				
I understand that the scope of the background investigation may, at the discretion of the Credit Union, include the following areas: quality credit history for at least one year; satisfactory credit union history; no credit union losses; satisfactory account history at any financial institution per ChexSystems; and no criminal records.				
I agree to release and hold the Credit Union, its officers, directors, committee members, employees, and insurers of the Credit Union, and its affiliates or subcontractors harmless of and from liability that they and/or I may incur as a result of their investigation, and/or disclosure of such information to the officials of the Credit Union, other than liability that results from material deviation from the authorization hereby given by me or from intentional misconduct.				
My information is as follows: (please print)				
Full Name:	_ Driver's License # and State:			
	Phone #:			
	Email:			
CERTIFICATION AND AGREEMENT TO SERVE  I certify that the information provided on this form is true and correct. I also agree that if selected, I will accept the office and further pledge to carry out the duties and responsibilities commensurate to the Federal Credit Union Act and the bylaws and policies of this credit union.				
Signature	Date			

