



## Soft Hit Authorization Request

First Name:

Last Name:

Email:

Account Number:

Phone:

Estimated Income: \$

Income Options:    ☐ Weekly    ☐ Bi-weekly    ☐ Monthly    ☐ Annually

Date:

Additional Comments:

By signing above, I agree that Superior Credit Union may pull a soft hit credit report and contact referenced person above in the future.

### For Office Use Only

Verbally Accepted: ☐ Yes ☐ No      Teller #

#### Collegeville

100 Crosskeys Road  
Collegeville 19426  
P: 610-489-7239  
F: 610-489-5339

#### Royersford

799 Main Street  
Royersford, PA  
P: 610-326-6604  
F: 610-326-6613

#### Pottstown

930 N. Charlotte Street  
Pottstown, PA  
P: 610-948-3400  
F: 610-948-6611