

Service 1st financial check-up

What are your goals of this financial checkup?

Please rate on a scale of 1 to 5,
with 1 being the highest priority.

	Priority Rating				
	1	2	3	4	5
Finding more "room" in your budget	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large purchase (home, car, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remodeling/future projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lowering debt load	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find a new financial partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any additional comments/notes you would like to add? _____

We look forward to helping you secure a prosperous financial future! By signing below, you authorize the Credit Union to check your credit history and to obtain credit reports in connections with any request for membership or credit. If you request, the Credit Union will tell you the name and address of the Credit Bureau from which it received the credit report on you. The Credit Union will rely on the information you have provided. By signing, you affirm that all the information collected on this document is correct.

Name (printed): _____

Spouse's Name, if applicable (printed): _____

Name (signed): _____

Spouse's Name, if applicable (signed): _____

Social Security Number: _____

Spouse's Social Security Number, if applicable: _____

Mailing Address: _____

Phone Number: _____ Best time to call: _____