

PLEASE FORWARD THE ORIGINAL APPLICATION TO THE CREDIT UNION OFFICE.

Decatur Branch • FAX (217) 875-3648

Galesburg Branch • FAX (309) 342-4854

Subtreasurer _____

Account # _____

Amount Requested \$ _____ Add to existing Loan # _____

Proceeds of Loan to be used for: _____



DECATUR

(217) 875-1845

800-792-2174

GALESBURG

(309) 342-3705

800-442-0207

Equal Credit Opportunity Act Information - Indicate the type of account that you are applying for by marking the appropriate box.

Individual Loan - Complete "Applicant's Information"

Joint Loan - Complete "Applicant's Information" and "Other Applicant's Information"

Individual Loan with Guarantor - Complete "Applicant's Information" and "Other Applicant's Information"

Length of Loan (# of Months) _____ Or Requested Payment Amount \$ _____ Monthly Semi-Monthly Bi-Weekly Weekly

Repayment Options (When Available): Payroll Deduction Automatic Transfer from UECU Account ACH Debit from Other Account

Collateral Offered Share Account / Share Certificate Account # _____ Amount Pledged \$ _____

Title & Insurance to: Year _____ Make & Model _____ I.D.# _____

Name & Phone # of Insurance Agency _____

Credit Insurance Election - If you wish to protect yourself and your family in the event of your death, or an extended illness or injury that leaves you disabled beyond 14 days, you may wish to obtain credit insurance. CUNA Mutual Insurance offers affordable credit insurance for our members who wish to purchase this insurance.

A Separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

Credit Insurance is voluntary and is not required in order to obtain this loan.

Please check the appropriate boxes below to indicate the coverage option(s) that meets your needs.

Single Credit Disability Ins. Joint Credit Disability Ins. Single Credit Life Ins. Joint Credit Life Ins. No, I do not need credit insurance

NOTE: FOR JOINT CREDIT LIFE INSURANCE - The Joint Insured must be party to the loan and complete "Other" Applicant Information

Applicant's Information Name _____ Social Security # _____

Address _____ Phone # _____

City, State, Zip _____ Length of Time at This Address _____

Previous Address (if at current address less than 2 years) _____

Drivers License # _____ Date of Birth _____ # of Dependents _____ Ages _____

Marital Status (Do not complete if applying for individual unsecured credit) Unmarried Married Separated

Employer _____ Position/Title _____

Address _____ Business Phone # _____

City, State, Zip _____ Employment Date _____ Supervisor _____

Annual Income/Hourly Rate _____ Current Employment Status Full-Time Part-Time (# Hours Per Week _____) Retired

Previous Employer _____ How long with previous employer? _____

Other Income (NOTICE: Alimony, Child Support, or Separate Maintenance Income need not be revealed if you do not choose to have it considered.)

Part Time Employment Social Security Spouse (Must complete "Other" Applicant Information to be considered) Other (Explain)

Child Support Alimony Separate Maintenance Annual / Monthly Income / Hourly Rate _____ # Hours Per Week _____

Source (Name & Address Etc) _____

Assets - List real estate, vehicles, boats, etc. that you own.

| Description | Financed By | Original Balance | Present Balance | Payment |
|---|-------------|------------------|-----------------|---------|
| Home: Location _____ | | | | |
| 1st Auto _____ | | | | |
| 2nd Auto _____ | | | | |
| Other _____ | | | | |
| Other _____ | | | | |
| Checking/Savings Accounts (Name & City of Depository) _____ | | | | |

Debts - Credit Cards, Charge Accounts, Installment Debts, 2nd mortgages, 401K Loans, Medical Bills, IRS liabilities, etc. Submit a separate listing if necessary

Are you paying: Child Support Alimony Separate Maintenance Amount Paid Monthly \$ _____

| Creditor (Name & Address) | Purpose | Date of Debt | Original Balance | Present Balance | Payment |
|---------------------------|---------|--------------|------------------|-----------------|---------|
| Landlord _____ | Rent | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

Financial Information - If "Yes" answer is given to any question, explain in space provided on back of application

Do you have any outstanding judgements or accounts currently placed with a collection agency? Have you filed for bankruptcy or had a debt adjustment plan confirmed under chapter 13 within the past ten years? Have you had property foreclosed upon or repossessed in the last 7 years? Are you a party in a lawsuit? Is your income likely to decline in the next two years? Yes No

Are you a Co-Maker, Co-Signer or Guarantor on any loan not listed above? Yes No

If Yes, For Whom & the Name of the Financial Institution? _____

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Applicant's Signature **X** _____

Date _____

Other Applicant's Information

Equal Credit Opportunity Act Information - Indicate the type of account that you are applying for by marking the appropriate box.

Joint Applicant Guarantor / Co-Signer

Name _____ Social Security # _____

Address _____ Phone # _____

City, State, Zip _____ Length of Time at This Address _____

Previous Address _____
(if at current address less than 2 years)

Drivers License # _____ Date of Birth _____ # of Dependents _____ Ages _____

Marital Status Unmarried Married Separated

Employer _____ Position/Title _____

Address _____ Business Phone # _____

City, State, Zip _____ Employment Date _____ Supervisor _____

Annual Income/Hourly Rate _____ Current Employment Status Full-Time Part-Time (# Hours Per Week _____) Retired

Previous Employer _____ How long with previous employer? _____

Other Income Part Time Employment Social Security Spouse (Must complete "Other" Applicant Information to be considered) Other (Explain)

Annual/Monthly Income _____ Source (Name & Address Etc) _____

Note: Income from alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this debt.

Are you receiving income from: Child Support Alimony Separate Maintenance Amount Received Monthly \$ _____

Assets - List real estate, vehicles, boats, etc. that you own.

| Description | Financed By | Original Balance | Present Balance | Payment |
|---|-------------|------------------|-----------------|---------|
| Home: Location _____ | | | | |
| 1st Auto _____ | | | | |
| 2nd Auto _____ | | | | |
| Other _____ | | | | |
| Other _____ | | | | |
| Checking/Savings Accounts (Name & City of Depository) _____ | | | | |

Debts - Credit Cards, Charge Accounts, Installment Debts, 2nd mortgages, 401K Loans, Medical Bills, IRS liabilities, etc. Submit a separate listing if necessary

| Creditor (Name & Address) | Purpose | Date of Debt | Original Balance | Present Balance | Payment |
|---------------------------|---------|--------------|------------------|-----------------|---------|
| Landlord _____ | Rent | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

Financial Information - If "Yes" answer is given to any question, explain in space provided below

Do you have any outstanding judgements or accounts currently placed with a collection agency? Have you filed for bankruptcy or had a debt adjustment plan confirmed under chapter 13 within the past ten years? Have you had property foreclosed upon or repossessed in the last 7 years? Are you a party in a lawsuit? Is your income likely to decline in the next two years? Yes No

Are you a Co-Maker, Co-Signer or Guarantor on any loan not listed above? Yes No

If Yes, For Whom & the Name of the Financial Institution? _____

Other Applicant's Signature **X** _____ Date _____

Explanations or Notes