

# Member Loan Application

## Crouse Federal Credit Union

730 South Crouse Avenue  
 Syracuse, New York 13210  
 315-470-7928 Fax: 315-470-5633  
 www.crousefcu.com

- For fast approval of your loan, fax this handy application to us at 315 470-5633
  - You must call to confirm receipt of your information- 315 470-7928
- Return this form with a current pay stub or verification.
- Id must be on file or include a copy
- Provide a day and evening phone number
- Guarantor/Co-Signer must complete a separate form
- For more information: Refer to Loan Packet Brochure in Printable forms

### Type and Amount of Credit you're Requesting

Loan Amt/Credit Limit Requested:

Months to Repay Loan:

Purpose of Loan:

Your CU Act #:

Security Offered

Titled to Whom:

Type of Credit:  Individual  Joint (Ask for Separate Application)

Will the loan be repaid with payroll deduction?  Yes  No

Are you interested in Bi-Weekly payments?  Yes  No

Transfer payment from:  Savings  Checking

Group Credit Insurance is voluntary and not a requirement of your loan. To be eligible for Group Credit Life and or Disability Insurance your loan must mature before your 70<sup>th</sup> birthday. Additionally, to be eligible for Credit Disability Insurance, you must be actively at work and gainfully employed at least 20 hours per wk. As part of the enrollment process, you may be asked to satisfactorily complete a separate statement of insurability.

Assuming that your application for credit is approved and you are eligible for insurance, the credit union will disclose its total cost to you. You will be asked to sign the request for coverage contained on the Personal LoanPlanNote, Security Agreement and Truth in Lending Disclosure form.

### Indicate which credit insurance option(s) you desire.

Joint Credit Life Ins  Single Credit Life Ins.  Single Credit Disability Ins.  NONE

### Tell us About Yourself

Your Full Name:  Social Security No.:

Complete Address: Street   
 City  State  Zip

E-Mail Address:

How long at Present Address:   Own  Rent Date of Birth:  US Citizen Y or N

Home Phone:  Cell Phone  Driver's License No.:

### Please give us Information about Your Employer and Income

Employer:  Address:

Work Phone:  Payroll #  Years Employed:

Department/Position

Income Gross \$  Per   
 Other Income Gross \$  Per  Source  # of Dependents

Year/Make of Your Auto(s)  Current # of Miles  How many miles do you drive per year?  Condition  How long will you keep it

### Please List Your Debts (Use another sheet if necessary)

Loan or Debt	Creditor	Current Balance	Monthly Payment
Mortgage/Rent			
Automobile			
Credit Card			
Credit Card			
Other			

Are you a co-maker, endorser or guarantor on any debt not listed above?  Yes  No If "Yes", list debtor's name and amount \_\_\_\_\_

Are there any unsatisfied judgments, garnishments or lawsuits pending against you?  Yes  No If "Yes" provide amounts \_\_\_\_\_

Have you declared bankruptcy in the last 10 years?  Yes  No If "Yes", provide date, place of filing. \_\_\_\_\_

Have you been denied credit in the last six months?  Yes  No Have you ever been granted credit in another name?  Yes  No \_\_\_\_\_

Are you presently liable for any alimony, child support or separate maintenance payments?  Yes  No If "Yes", what is the amount? \_\_\_\_\_

Name of nearest Relative not living with you Name  Address  Phone



See Reverse side for additional information and Signature

**Notice to New York Residents:** New York residents may contact the New York State Department of Financial Services to obtain a comparative listing of credit card rates, fees, and grace periods. New York State Department of Financial Services: 1-800-342-3736 or [www.dfs.ny.gov](http://www.dfs.ny.gov)

**CONSENSUAL SECURITY INTEREST**

You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. Shares and deposits in an IRA or any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest you have given in your shares and deposits. You may withdraw these other shares unless you are in default. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. For example, if you have an unpaid credit card balance, you agree we may use funds in your account(s) to pay any or all of the unpaid balance.

By signing or otherwise authenticating below, you are affirmatively agreeing that you are aware that granting a security interest is a condition for the credit card and you intend to grant a security interest. You acknowledge and agree that your pledge does not apply during any periods when you are a covered borrower under the Military Lending Act. For clarity, you will not be deemed a covered borrower, and your pledge will apply, if: (i) you become obligated on a credit transaction or establish an account for credit when you are not a covered borrower; or (ii) you cease to be a covered borrower.

**Security Interest Acknowledgement and Agreement Date**

**X** Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURES**

By signing or otherwise authenticating below:

1. You promise that everything you have stated in this application is correct to the best of your knowledge, and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application.

2. If you are applying for a credit card, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the Consumer Credit Card Agreement and Disclosure.

**X** Signature \_\_\_\_\_ Date \_\_\_\_\_

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***Credit Union Use Only***

**Member Notified of Timeline for approval:** \_\_\_\_\_

**Contact Information:** Day \_\_\_\_\_ Evening \_\_\_\_\_

**Loan Interview**

**Notes/Comments:** \_\_\_\_\_

**Review Status**

\_\_\_\_ Approved      \_\_\_\_ Denied      \_\_\_\_ Counter Offer

**Reason for Approval/Denial or Counter Offer**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount** \_\_\_\_\_ **Rate** \_\_\_\_\_ **Term** \_\_\_\_\_ **1<sup>st</sup> Pmt** \_\_\_\_\_

Overdraft/LOC Limit: \$ \_\_\_\_\_ Rate \_\_\_\_\_

Credit Card: \$ \_\_\_\_\_ Rate \_\_\_\_\_ Secured ( Yes or No)

Required:

Guarantor (Yes or No) \_\_\_\_\_

Gap (Yes or No) \_\_\_\_\_

Insurance (Yes or No) \_\_\_\_\_

Collateral \_\_\_\_\_

Auto Pay (Yes or No) \_\_\_\_\_

Rate Adjustment (Yes or No) \_\_\_\_\_ Reason \_\_\_\_\_

Rate Match (Yes or No) \_\_\_\_\_

Checks payable to creditors (Yes or No) \_\_\_\_\_

Refinance Loan (Yes or No) Pay off Loan # \_\_\_\_\_

Payoff Crouse Credit Card (Yes or No)

Close Crouse Credit Card (Yes or No) Date Card Blocked \_\_\_\_\_ Date Limit Removed \_\_\_\_\_

Filing Fee (Yes or No) \_\_\_\_\_

Miscellaneous \_\_\_\_\_

Board Signature/Review (Yes Or No) \_\_\_\_\_

Adverse Action Sent: \_\_\_\_\_

**Approval Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approval Signature** \_\_\_\_\_ **Date** \_\_\_\_\_