

# You can count on us to help!

you plan for unexpected childcare, food, medical and transportation costs



## To get started we need You to

Visit our website [www.crousefcu.com](http://www.crousefcu.com) and apply on line...email your last pay stub

Or

Complete the application on the reverse. Fax or email to us the application and current pay stub...  
Please provide some patience as we work thru the request. Problems let us try to work thru it.  
Most requests can be finalized within 24 hrs of your application request.

Rates as low as 2.29% apr with credit score 640 and above.

Rates as low as 10.29% apr with score below 639 ( full insurance life and disability required)

Up to 12 months to repay.

Maximum amount is \$1,000.00.

Larger Amounts-Longer Terms- Other rates are available

**Terms:** Member in good standing

Continued employment minimum of 1 year

Payroll Deduction is required

First payment due on first paycheck in June 2020

Subject to change without notice



## Crouse Credit Union.....that's a Union ! You and Us



Phone : 315-470-7928 Fax : 315-470-5633 Email : [creditunion@crouse.org](mailto:creditunion@crouse.org)

Physical Address: 730 S. Crouse Avenue Syracuse, New York 13210

Not a member: Call us on information on how to join

\*\* Based on Experian Credit Scores

\*\*Subject to change without notice



# 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
- For more information: Refer to Loan Packet Brochure in Printable forms

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

Loan Amount 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 YourAuto(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

You represent that everything you have stated in this application is correct to the best of your knowledge. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. 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. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on a loan application made to a Federal Credit Union insured by the NCUA.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

