

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

Transfer payment from: Savings Checking

Are you interested in Bi-Weekly payments? Yes No

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 70th 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



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

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

XSignature _____ 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.

XSignature _____ Date _____

Credit Union Use Only

Member Notified of Timeline for approval: _____

Contact Information: Day _____ Evening _____

Interview Notes/Comments: _____

Review Status

____ Approved _____ Denied _____ Counter Offer

Reason for Approval/Denial or Counter Offer

Grid # _____ **Loan Type and Description** _____ **Loan #** _____ **Certificate #** _____

Amount _____ **Rate** _____ **Term** _____ **1st 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** _____