



Getting ready for the holidays and need extra **Moola** to meet your needs?



Apply for a **Holiday Fun Loan** or a **Visa Credit Card** at
Crouse Credit Union!



Apply online at www.crousefcu.com or
Complete the attached Loan Application
Fax the application with a current paystub to 315-470-5633.

IS YOUR CAR FINANCED WITH ANOTHER LENDER? WE MAY BE ABLE TO LOWER YOUR
RATE AND PAYMENT WITH OUR AUTO REFINANCE PROGRAM.

For details, call us at 315-470-7928.



So get MOOving!



For more information on our loan programs, call the credit union at
(315) 470 - 7928 or email info@crousefcu.com



NOTE : we have excellent rates and terms available based on individual terms, conditions, and credit score. Rate assumes payment on contractual due dates or an upcharge of .50% will be added to the rate. This is 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
- 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:	<input type="text"/>	Your CU Act #:	<input type="text"/>
Months to Repay Loan:	<input type="text"/>	Security Offered:	<input type="text"/>
Purpose of Loan:	<input type="text"/>	Titled to Whom:	<input type="text"/>

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 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 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 # 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 alimony, child support or separate maintenance payments? Yes No If "Yes", what is the amount? _____

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, in crease, 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**_____