

BRANCH 6000 NALC CREDIT UNION
 630 Broadway • Amityville, NY 11701-2119
 Phone: (631) 789-0303
 Fax: (631) 789-3540

LOANLINER.

Express Application

Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:

1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI).
2. your spouse will use the account, or
3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

Joint Credit: Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.

Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.

LOANLINER® Account/Loan: Individual Joint Amount Requested \$ _____ Purpose/Collateral: _____
 (Including ATM/Debit Card Access to the Account if Available)

Payment Protection Single Credit Disability Insurance Single Credit Life Insurance Joint Credit Life Insurance Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

Applicant			Other: <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor		
NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME	NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	ACCOUNT NUMBER		SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER / STATE		E-MAIL ADDRESS	DRIVER'S LICENSE NUMBER / STATE		E-MAIL ADDRESS
BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.	BIRTH DATE	HOME PHONE	BUSINESS PHONE/ EXT.
PRESENT ADDRESS (Street - City - State - Zip)			PRESENT ADDRESS (Street - City - State - Zip)		
<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS			<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS		
MORTGAGE/RENT OWED TO:			MORTGAGE/RENT OWED TO:		
MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE	MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE
\$	\$	%	\$	\$	%
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:			COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:		
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		
Employment/Income		START DATE	Employment/Income		START DATE
NAME AND ADDRESS OF EMPLOYER			NAME AND ADDRESS OF EMPLOYER		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.			NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME		OTHER INCOME	EMPLOYMENT INCOME		OTHER INCOME
\$	PER	\$	\$	PER	\$
<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE	<input type="checkbox"/> NET <input type="checkbox"/> GROSS		SOURCE

State Law Notices **OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS ONLY: (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

X SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

Signatures

You promise that everything you have stated in this application is correct to the best of your knowledge. 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 federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

X (SEAL) DATE

APPLICANT'S SIGNATURE DATE OTHER SIGNATURE DATE

BRANCH 6000 NALC CREDIT UNION
 630 Broadway
 Amityville, NY 11701-2119
 Phone: (631) 789-0303
 Fax: (631) 789-3540



Open-End Voucher

BORROWER INFORMATION							
BORROWER 1 NAME	(LAST)	(FIRST)	(INITIAL)	ACCOUNT NUMBER	AMOUNT REQUESTED/PURPOSE	DATE	
ADDRESS				PLEASE CHECK ONE			
CITY	STATE	ZIP	HOME TELEPHONE NUMBER	<input type="checkbox"/>	DEPOSIT IN ACCOUNT NUMBER		
				<input type="checkbox"/>	MAIL THE CHECK	<input type="checkbox"/>	PICK UP THE CHECK
BORROWER 2 NAME	(LAST)	(FIRST)	(INITIAL)	ACCOUNT NUMBER	CHECK PAYABLE TO:		
ADDRESS (IF DIFFERENT THAN BORROWER 1)				REPAYMENT METHOD:			
				<input type="checkbox"/>	AUTOMATIC TRANSFER	<input type="checkbox"/>	PAYROLL DEDUCTION
				<input type="checkbox"/>	CASH PAYMENT	<input type="checkbox"/>	MILITARY ALLOTMENT

CREDIT UNION USE	REPAYMENT TERMS							
	DAILY PERIODIC RATE	ANNUAL PERCENTAGE RATE		FIXED	MARGIN	OTHER FEES (Amount and Description)	PREVIOUS BALANCE	
		%		VARIABLE	%	\$	\$	
	NEW BALANCE THIS SUBACCOUNT	AMOUNT ADVANCED	PAYMENT AMOUNT	DATE DUE	PAYMENT FREQUENCY	LINE OF CREDIT LIMIT	REMAINING LIMIT	
	\$	\$	\$			\$	\$	
<p>Collection Cost: If we refer your account to a collection agency or an attorney, your account will be increased by 25% plus court costs.</p>								

SIGNATURES

By signing below, by endorsing the proceeds check or by using the amount advanced and deposited into your share/share draft account you agree to make payments as disclosed above in accordance with the terms of your Credit Agreement.

X _____ (SEAL)
 BORROWER 1 SIGNATURE

DATE

X _____ (SEAL)
 BORROWER 2 SIGNATURE

DATE

©CUNA MUTUAL GROUP, 1990, 92, 94, 96, 98, 2001, 06, ALL RIGHTS RESERVED
 TO ORDER: 1-800-356-5012

CREDIT UNION COPY