

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.

<input type="checkbox"/> LOANLINER Account/Loan: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <i>(Including ATM/Debit Card Access to the Account if Available)</i> Amount Requested \$ _____ Purpose/Collateral: _____ Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash <input type="checkbox"/> Military Allotment <input type="checkbox"/> Automatic Payment	<input type="checkbox"/> Credit Card Account: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Credit Limit Requested \$ _____ If Authorized User, Name: _____
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PAYMENT PROTECTION Are you interested in having your loan protected? Yes No
 If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.

APPLICANT	OTHER
NAME _____	NAME _____
ACCOUNT NUMBER _____	ACCOUNT NUMBER _____
SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER/STATE _____	SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER/STATE _____
BIRTH DATE _____ HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE/EXT. _____	BIRTH DATE _____ HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE/EXT. _____
EMAIL ADDRESS _____	EMAIL ADDRESS _____
PRESENT ADDRESS (Street - City - State - Zip) _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____	PRESENT ADDRESS (Street - City - State - Zip) _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____
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: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	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)

EMPLOYMENT/INCOME	EMPLOYMENT/INCOME
NAME AND ADDRESS OF EMPLOYER _____ START DATE _____	NAME AND ADDRESS OF EMPLOYER _____ START DATE _____
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 \$ _____ Per _____ \$ _____ Per _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS SOURCE _____	EMPLOYMENT INCOME OTHER INCOME \$ _____ Per _____ \$ _____ Per _____ <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

1. 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 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 credit card agreement and disclosures. 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. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and 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.

X (SEAL)
 APPLICANT'S SIGNATURE DATE

X (SEAL)
 OTHER SIGNATURE DATE



OVER-THE-CREDIT LIMIT COVERAGE CONSENT

YOUR RIGHT TO REQUEST OVER-THE-CREDIT LIMIT COVERAGE

Unless you tell us otherwise, we will decline any transaction that causes you to go over your credit limit. If you want us to authorize these transactions, you can request over-the-credit limit coverage.

If you have over-the-credit limit coverage and you go over your credit limit, we will charge you a fee of up to \$ _____.

You will only pay one fee per billing cycle, even if you go over your limit multiple times in the same cycle.

Even if you request over-the-credit limit coverage, in some cases we may still decline a transaction that would cause you to go over your limit, such as if you are past due or significantly over your credit limit.

If you want over-the-credit coverage and allow us to authorize transactions that go over your credit limit, please:

- Call us at _____; or
- Check or initial the box below, and return the entire document to us at:

CONSENT FORM FOR OVER-THE-CREDIT LIMIT TRANSACTIONS

ADD COVERAGE

I want over-the-limit coverage. I understand that if I go over my credit limit, I will be charged a fee of up to \$ _____. I have the right to cancel this coverage at any time.

REMOVE COVERAGE

I **do not** want over-the-limit coverage. I understand that transactions that exceed my credit limit will not be authorized.

Name(s) on Account: _____

Member No: _____ Credit Card Account No: _____

AUTHORIZATION

If there are multiple owners on the Credit Card account, either account owner can act on behalf of all owners on this account. Only one (1) account owner signature is needed to add or remove the over-the-credit limit coverage.

By signing below, you agree to the terms of the over-the-credit limit coverage. If you selected "Add Coverage," you authorize the Credit Union to accept transactions that exceed your credit limit. You understand that if you go over your credit limit, you will be charged a fee. If you selected "Remove Coverage," you understand that the Credit Union may deny any credit card transactions that go over your credit limit. You further understand that this coverage will not go into affect or be removed, based on your selection above, until the Credit Union receives this Consent document from you.

X

MEMBER/OWNER SIGNATURE

DATE

X

JOINT OWNER SIGNATURE

DATE

CREDIT UNION COVERAGE ACKNOWLEDGMENT

SIGNATURE OF CREDIT UNION EMPLOYEE:

X

EFFECTIVE DATE:

Coverage added

Coverage removed