

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit. Individual Credit: Complete Applicant section. Complete Co-applicant, Spouse, Guarantor (referred to as "Other") section: (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account. Please check the box to indicate whom the information is about. Joint Credit: Provide information about both of you by completing Applicant and Other section.

You **REQUEST AN ADVANCE OF \$ \_\_\_\_\_** Purpose: \_\_\_\_\_ For a period of: \_\_\_\_\_

Installments of: \_\_\_\_\_ Collateral: \_\_\_\_\_

Repayment:  Payroll Deduction  Cash  Automatic Payment  Military Allotment

**Credit Disability Insurance** Check coverage if 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**  **CO-APPLICANT**  **SPOUSE**  **GUARANTOR**  
*Please print in ink or type*

NAME (Last - First - Initial) NAME (Last - First - Initial)

DRIVER'S LICENSE NUMBER/STATE DRIVER'S LICENSE NUMBER/STATE

ACCOUNT NUMBER SOCIAL SECURITY NUMBER ACCOUNT NUMBER SOCIAL SECURITY NUMBER

BIRTH DATE HOME PHONE BUSINESS PHONE (EXT) BIRTH DATE HOME PHONE BUSINESS PHONE (EXT)

PRESENT ADDRESS (Street - City - State - Zip) Years at this address PRESENT ADDRESS (Street - City - State - Zip) Years at this address  
 OWN  RENT  OWN  RENT

PREVIOUS ADDRESS (Street - City - State - Zip) PREVIOUS ADDRESSES (Street - City- State- Zip)  
 OWN  RENT  OWN  RENT

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE. COMPLETE FOR JOINT CREDIT, SECURED CREDIT OF IF YOU LIVE IN A COMMUNITY PROPERTY STATE.  
 MARRIED  SEPARATED  UNMARRIED Single - Divorced - Widowed  MARRIED  SEPARATED  UNMARRIED Single - Divorced - Widowed

LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (EXCLUDE SELF) LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (EXCLUDE SELF)

Name and address of employer Name and address of employer

Starting/Ending Date Starting/Ending Date  
 Title/Grade Supervisor Title/Grade Supervisor

If employed in current position less than five years, complete previous employer name and address. If employed in current position less than five years, complete previous employer name and address.

Starting/Ending Date Starting/Ending Date

Name & address of creditors of debts paid off	Phone	Name & address of creditors of debts paid off	Phone

Name & address of nearest relative not living with you. Phone-Relationship Name & address of nearest relative not living with you. Phone-Relationship

Name & address of personal friend - not a relative Phone Name & address of personal friend - not a relative Phone

