


CONSUMER CREDIT APPLICATION												 Member FDIC	
IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.													
TYPE OF CREDIT REQUESTED													
IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.													
Secured		Collateral Type:				Individual Credit – relying solely on my income/assets. Initial Here: _____ Individual Credit – but are relying on income/assets from another person as the basis for repayment of the credit requested Initial Here: _____ Joint Credit – We intend to apply for joint credit. Initials Here: _____							
Unsecured		If you are purchasing a Car, Truck, RV or Boat Year Make Model											
AMOUNT REQUESTED		FOR HOW LONG		PAYMENT DATE DESIRED		WANT TO REPAY		PROCEEDS OF LOAN TO BE USED FOR:					
\$		MONTHS				MONTHLY Single							
SECTION A – INDIVIDUAL APPLICANT INFORMATION													
Applicant’s Last Name				First Name			Middle Initial	Social Security Number			Residence Phone Number:		
Residence Address				City		State	Zip Code		County of Residence		Cell Phone Number: ()		
Mailing Address (if different) same			City	State		Zip Code		How Long at Current Address Yrs Mos		at Previous Address Yrs Mos			
Own Rent	Live with Parents/Relatives Other (specify)		Monthly Payment \$	Are you an active military service member or a dependent of an active military service member? Yes No			Bank Name Checking Account #		Bank Name Savings Account #				
Drivers License		State	Other Identification:		Date of Birth		Marital status Married Unmarried Separated		No of Dependents				
Applicant’s Current Employer or Name of Business				<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		Business Address			City		State	Zip	
Work Phone Number ()		Title or Job Description			Length of Employment		Gross monthly Income \$		Other Income * \$		Source		
Previous Employer (If at Present Job Less Than 2 yrs)					Title or Job Description					Length of Employment			
SECTION B – JOINT APPLICANT OR OTHER PARTY INFORMATION COMPLETE ONLY IF: FOR JOINT CREDIT, FOR INDIVIDUAL CREDIT RELYING ON INCOME OR ASSETS FROM OTHER SOURCES.													
Co-Applicant’s Last Name				First Name			Middle Initial	Social Security Number			Residence Phone # ()		
Residence Address				City		State	Zip Code		County of Residence		Cell Phone Number: ()		
Mailing Address (if different)				City		State	Zip Code		How Long at Current Address Yrs Mos		at Previous Address Yrs Mos		
Own Rent	Live with Parents/Relatives Other (Specify)		Monthly Payment \$	Are you an active military service member or a dependent of an active military service member? Yes No			Bank Name Checking Account #		Bank Name Savings Account #				
Drivers License		State	Other Identification:		Date of Birth		Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		No of Dependents		Relationship to Applicant		
Co-Applicant’s Current Employer or Name of Business			<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		Business Address			City		State	ZIP		
Work Phone Number ()		Title or Job Description			Length of Employment		Gross monthly Income \$		Other Income * \$		Source		
Previous Employer (If at Present Job Less Than 2 yrs)					Title or Job Description					Length of Employment			
	CREDITOR		ACCOUNT NUMBER		NAME THE ACCOUNT IS UNDER		ORIGINAL AMOUNT		PRESENT BALANCE		MONTHLY PAYMENTS		
	Rent <input type="checkbox"/> House Payment <input type="checkbox"/>												
Have you been Declared Bankrupt in the last 10 years? Yes No			Are there Any Unsatisfied Judgments Against you? Yes No				TOTAL DEBTS		\$		\$		
Are you obligated to make Alimony, Support or Maintenance Payments? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to (Name & Address) _____ Amount per Month \$ _____						Are you co-maker, endorser, or guarantor on any loan or contract? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes for Whom _____ to Whom _____							
* NOTICE: Alimony, child support, or separate maintenance income need not be revealed if the Applicant does not choose to have it considered as a basis for repaying this loan.													
FOR ALL APPLICANTS; TERMS, AUTHORIZATIONS AND DISCLOSURES By signing below, I/we request that Lender consider my/our application for a loan. I understand and acknowledge that my/our application is subject to credit approval in accordance with applicable credit policies, procedures and practices. I/We certify that the above information has been answered thoroughly and accurately. I/We authorize Lender, its agents, and successors and assigns to investigate my/our credit report and any other information and to verify statements I/We have made. I/We certify that the information provided, both written and printed, represents my/our current financial condition. I/We agree to notify Lender of any material adverse change in my/our financial condition and to furnish, from time to time, current financial information, upon request from Lender. If my/our loan is review, renewed or extended, Lender, its agents, successors and assigns may request a new credit report without advising me. I understand that Lender will retain this application whether or not it is approve. I understand that credit approval does not constitute final loan approval. Ownership and or administration of my/our loan may be transferred to a successor or assign. FOR PREFERRED LINE OF CREDIT ONLY: I authorize you to process my telephone transfer request between my Preferred Line of Credit and my checking account. I understand that my telephone transfer request will only be processed if there are available funds in the account. If I have applied for Preferred Line of Credit I acknowledge receipt of the agreement and if you approve my application, I agree to the terms and conditions of the applicable agreement. FOR HOME IMPROVEMENT APPLICANTS: If I have requested to have my payments automatically debited from my checking account, by signing below I acknowledge receipt of the “Preferred Rate Disclosure” notice.													
Applicant’s Signature (Please do not print)					Date		Co-Applicant’s Signature (Please do not print)				Date		