

Express Application

NOTICE: Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

- 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:** If you are applying with another person, complete the **Applicant** and **Other** sections.

<input type="checkbox"/> Initial Request	<input type="checkbox"/> Subsequent Request	<u>AMOUNT REQUESTED</u>	<u>VISA Credit Card Account</u>	<u>LIMIT REQUESTED</u>
<input type="checkbox"/> LOANLINER Account <small>(including ATM/Debit Card Access to the Account if Available)</small>		\$ _____	<input type="checkbox"/> VISA Platinum	\$ _____
Purpose _____			<input type="checkbox"/> VISA Classic	\$ _____
Collateral _____			<input type="checkbox"/> VISA Credit Limit Increase	\$ _____
			<input type="checkbox"/> VISA Check Card <small>(By checking this box, you agree to accept the card as a credit access device)</small>	\$ _____
			<input type="checkbox"/> Checking Account (complete box below)	
			<input type="checkbox"/> Audio Response Teller	

If you check the box for *Checking Account* above, please complete this section.

Applicant's Driver's License No. _____

Other Applicant's Driver's License No. _____

1. Have you had a checking, draft or other similar account at a financial institution in the last 12 months? Yes No

Institutions Name _____
 Checking Savings

2. Have you had a checking, draft or other similar account closed, without your consent, at any financial institution in the last 12 months? Yes No

3. Have you been convicted of a criminal offense because of the use of a check or similar item within 24 months immediately preceding this application? Yes No

If "YES" provide details:

If you are applying for a VISA Credit Card Account and wish to have two (2) or more cards issued, check the appropriate box(es) below. You would like us to:

- Issue an additional card with the same VISA number in the name of the co-applicant who completed and signed this application.
- Issue an additional card in your name. You authorize a family member to use it and accept full responsibility for all charges and/or cash advances just as though you made them.
- Issue an additional card in the name of _____

Name of Authorized User _____

Social Security Number _____

Signature of Authorized User _____

You authorize him/her to use it and accept full responsibility for all charges and/or cash advances just as though you made them.

APPLICANT		ACCOUNT NUMBER
NAME (Last - First - Middle)		
PRESENT ADDRESS (Street - City - State - Zip)		
SOCIAL SECURITY NUMBER	LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)	
BIRTH DATE	HOME PHONE	BUSINESS PHONE
PERSONAL REFERENCE/FAMILY MEMBER	PHONE NUMBER	
PERSONAL REFERENCE/FAMILY MEMBER	PHONE NUMBER	
NAME OF EMPLOYER	DATE OF EMPLOYMENT	
POSITION	GROSS ANNUAL INCOME \$	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	OTHER INCOME \$ _____ PER <input type="checkbox"/> MO. <input type="checkbox"/> YEAR	SOURCE

OTHER: <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> GUARANTOR		ACCOUNT NUMBER
<input type="checkbox"/> SPOUSE		
NAME (Last - First - Middle)		
PRESENT ADDRESS (Street - City - State - Zip)		
SOCIAL SECURITY NUMBER	LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self)	
BIRTH DATE	HOME PHONE	BUSINESS PHONE
PERSONAL REFERENCE/FAMILY MEMBER	PHONE NUMBER	
PERSONAL REFERENCE/FAMILY MEMBER	PHONE NUMBER	
NAME OF EMPLOYER	DATE OF EMPLOYMENT	
POSITION	GROSS ANNUAL INCOME \$	
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	OTHER INCOME \$ _____ PER <input type="checkbox"/> MO. <input type="checkbox"/> YEAR	SOURCE

WHAT YOU OWE	CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
					APPLICANT	OTHER
<input type="checkbox"/> RENT <input type="checkbox"/> FIRST MORTGAGE (Incl. Tax & Ins.)			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
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			\$	\$		
			\$	\$		
			\$	\$		
LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:			TOTALS	\$	\$	

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 above is correct. You authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with your request for credit and for any update, renewal or extension of the credit received. You understand the Credit Union will rely on the information above and in your credit report to make its decision. You understand that 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.

(2) If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

(3) You understand that when applicable, a Personal Identification Number (PIN) may be issued. This PIN, when validated will allow you, the co-applicant and any authorized users to access your Credit Union's credit card/Check Card accounts through participating Automated Teller Machine (ATM) networks, subject to the terms and disclosures of the Credit Card Agreement and the Electronic Funds Transfer Disclosure for the Check Card. You understand that use of your credit card will constitute acknowledgment of receipt and agreement to the terms of the Credit Card disclosures.

As a condition for approval of your account(s), by signing below you pledge to us and grant us a security interest in all individual and joint accounts you have with us now and in the future to secure your Credit Card account and any advances made with your Check Card. You authorize us to apply the balance in these account(s) to pay any amounts due under the agreement if you should default.

(4) By signing below, or when you accept or endorse a check advanced to you under the LOANLINER Credit Agreement or by having the advance deposited into your account, or by any other method we authorize you to use, you agree to the terms and conditions of each of the Agreements applicable to the accounts and services requested above. By signing below, you acknowledge receipt (a) the Credit Agreement (b) the VISA Credit Card Agreement, (c) Billing Rights Notice, (d) the Security Agreement, and (e) the Addendum. You agree to make the payments of the amount and at the time shown on the voucher accompanying the check. If security and/or change in terms is noted on the voucher, your endorsement constitutes acceptance of the terms of the Security Agreement and/or Change in Terms. If the advance will be secured by shares and/or deposits, you pledge the shares and/or deposits shown on the voucher.

If this is your initial request for credit, by signing below you agree to items 1, 2, 3 and 4 in this signature area. If this is a subsequent request, you agree to items 1 and 2 of this signature area.

X
APPLICANT'S SIGNATURE DATE

XX
OTHER SIGNATURE DATE

CREDIT UNION USE ONLY -- Do not write in this section

DATE	APPROVED LIMITS \$	\$	\$	%
	SIGNATURE	LINE OF CREDIT	OTHER	CHEX SYSTEMS DEBT RATIO
ADVANCE APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE, IF ACCEPTED, ADVANCE APPROVED <input type="checkbox"/> SEE SEPARATE WORKSHEET				
DESCRIBE COUNTER OFFER:				
SPECIFIC REASON(S) FOR REJECTION:				
SIGNATURES: <input type="checkbox"/> LOAN OFFICER X				DATE
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON (DATE)				BY (INITIALS)