

LOAN APPLICATION FOR MEMBERS CHOICE CREDIT UNION, INC.			Account #:
NEED RECENT PAYSTUB	Payment Book: YES or NO	Salvage Title: YES or NO	Payment Protection: YES or NO
	Payroll Deduction: YES or NO	Gap Insurance: Yes or No	D: _____ L: _____

PURPOSE OF LOAN:		COLLATERAL: Buying From:	IS TAX & TITLE INCLUDED IN AMOUNT REQUESTED: PLEASE CIRCLE: YES or NO	MONTHS (PLEASE CIRCLE): 6-12-24-36-48-60-other _____	
PURCHASING	YEAR	MAKE/MODEL	BODY TYPE	SERIAL #	MILEAGE
PLEASE CIRCLE: NEW - USED - DEMO			2DR-4DR-EXT.CAB-4X4-2X2 DIESEL - COLOR _____		
OPTIONS: AUTO-AIR-CD-CRUISE-P.WIN-P.LOCKS-P.SEAT-HEATED SEATS-THEFT ALARM-NAVIGATION SYSTEM SUNROOF-ALUM WHEELS-LEATHER SEATS-THIRD SEAT-REAR AIR-REAR ENTERTAINMENT				INSURANCE AGENT: PHONE:	

FIRST NAME	INITIAL	LAST NAME	BIRTHDATE	SOCIAL SECURITY #	#OF DEPENDANTS	
CURRENT ADDRESS		CITY	STATE	ZIP	PHONE	LENGTH AT ADDRESS
PREVIOUS ADDRESS		CITY	STATE	ZIP	LENGTH AT ADDRESS	
HOME: RENT OWN	PURCHASE PRICE: \$ _____ ESTIMATED VALUE: \$ _____	OTHER INCOME: \$ _____	(ALIMONY, CHILD SUPPORT, OR OTHER) Need not be revealed if borrower (s) do not choose to have it considered for repayment of this loan			
CURRENT EMPLOYER	POSITION	YRS	PHONE	GROSS INCOME/MONTHLY		
PREVIOUS EMPLOYER	POSITION	YRS	PHONE	GROSS INCOME/MONTHLY		
BANK:	CHECKING ACCT.#:	SAVINGS ACCT.#:				

<u>NEAREST RELATIVE</u> <i>Not living with you</i>	<u>ADDRESS</u>	<u>PHONE</u>
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COMPANY/CREDITOR	COLLATERAL/PURPOSE	ORIGINAL AMOUNT/CREDITLINE	UNPAID BALANCE	MONTHLY PAYMENT
HOME	PLEASE CIRCLE ONE: MTG.RENT-LAND CONTRACT			
AUTO #1	YEAR/MAKE/MODEL			
AUTO #2				
ONLY FILL OUT IF CONSOLIDATING CREDIT CARD:				
CREDIT CARD:				
CREDIT CARD:				

Are there any other person(s) obligated on any of the above loans? YES or NO Which ones and Who? _____

ARE YOU A COMAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN? YES or NO For Whom? _____

Are there any unsatisfied judgements against you? YES or NO If yes, to whom owed? _____ Have you been declared bankrupt or filed chapter 13 in the last 14 years? YES or NO If yes, where? _____ What year _____

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.I UNDERSTAND THAT YOU WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY CREDIT & EMPLOYMENT HISTORY & TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME. THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY MEMBERS & THE CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS WITH THIS LAW.

I/we agree that in event of default in payment, reasonable collection agency fees equal to fifty (50%) percent of the delinquent balance and reasonable attorney fees, shall be added to the amount due on the account, plus any applicable court costs. Initial _____

APPLICANT:	DATE:
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TO BE COMPLETED BY CO-MAKER

RELATIONSHIP TO APPLICANT (IF ANY): _____

FIRST NAME	INITIAL	LAST NAME	BIRTHDATE	SOCIAL SECURITY #	#OF DEPENDANTS
CURRENT ADDRESS		CITY	STATE	ZIP	PHONE
PREVIOUS ADDRESS		CITY	STATE	ZIP	LENGTH AT ADDRESS
HOME: RENT OWN	PURCHASE PRICE: \$ _____ ESTIMATED VALUE: \$ _____		OTHER INCOME: \$ _____ (ALIMONY, CHILD SUPPORT, OR OTHER) <small>Need not be revealed if borrower (s) do not choose to have it considered for repayment of this loan.</small>		
CURRENT EMPLOYER		POSITION	YRS	PHONE	GROSS INCOME/MONTHLY
PREVIOUS EMPLOYER		POSITION	YRS	PHONE	GROSS INCOME/MONTHLY
BANK:		CHECKING ACCT.#:	SAVINGS ACCT.#:		

<u>NEAREST RELATIVE</u> <small>Not living with you</small>	<u>ADDRESS</u>	<u>PHONE</u>
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COMPANY/CREDITOR	COLLATERAL/PURPOSE	ORIGINAL AMOUNT/CREDITLINE	UNPAID BALANCE	MONTHLY PAYMENT
HOME	PLEASE CIRCLE ONE: MTG.RENT-LAND CONTRACT			
AUTO #1 AUTO #2	YEAR/MAKE/MODEL			
ONLY FILL OUT IF CONSOLIDATING CREDIT CARD:				
CREDIT CARD:				
CREDIT CARD:				

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. YOU ARE AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME. MCCU WILL ASK FOR PROOF OF NAME, ADDRESS, DATE OF BIRTH, SOCIAL SECURITY NUMBER, & OTHER INFO TO ID THE MEMBER SUCH AS DRIVERS LICENSE DUE TO THE USA PATRIOT ACT.

CO-MAKER: _____

DATE: _____

TO BE COMPLETED BY THE CREDIT UNION:

- APPROVED AS SUBMITTED
- REJECTED AS SUBMITTED: REASON _____

- over unsecured policy limit
- delinquent past/present obligations
- excessive obligations
- open suits, judgments, collections

COUNTER OFFER: _____

APPROVAL/DISAPPROVAL ACTION

LOAN OFFICER: _____

DATE: _____

APPEAL COMMITTEE ACTION

Signatures: Approved/Rejected _____ Date _____

Approved/Rejected _____ Date _____

Approved/Rejected _____ Date _____