LOAN APPLICATI	ON F	OR MEM	BERS CI	HOICE	CREDIT	UNION,	INC		Accou	nt#:
NEED RECENT PA	YSTU	3 Pay	ment Book:			Salvage Titl	le:		Payme	ent Protection:
		Pay	roll Deductior	n:		Gap Insura	nce:		D:	L:
PURPOSE OF LOAN:		Buying From:			TAX & TITLE AMOUNT RE	E INCLUDED IN EQUESTED:	l	MONTHS:	•	
PURCHASING	YEAR	N	IAKE/MODEL					AMOUNT REQUESTED: \$ SERIAL # MILEAGE		
CHOOSE ONE:					COLOR					
	ver Pass. Seat System		Leather Seats Parking Sensors	Rear Entertainmer Alum Wheels			nera	INSURANCE AGENT: PHONE:		
			Ū.							
FIRST NAME	INITIAL	L	AST NAME		BIRTHDATE	SOC	IAL SE	CURITY #		#OF DEPENDANTS
CURRENT ADDRESS	RRENT ADDRESS			Y	STATE	ZIP PHONE		LENGTH AT ADDRESS		
PREVIOUS ADDRESS			CITY	Y	STATE	ZIP			LE	ENGTH AT ADDRESS
HOME:			OTHER INC (ALIMONY, CH	COME: \$ HILD SUPPORT	, OR OTHER)					
CURRENT EMPLOYER			POSITIO	N	YRS	Ρ	HONE		GROS	S INCOME/MONTHLY
PREVIOUS EMPLOYER			POSITION	N	YRS	Pł	HONE		GROSS	INCOME/MONTHLY
Bank:		CHEC	KING ACCT.#:			SAVINGS	ACCT.#	#:		
NEAREST RELATIVE Not living with you			-	ADDRESS				Ē	HONE	
COMPANY/CREDITOR	COL	LATERAL/PU	RPOSE	ORIGINAL	AMOUNT/CRE	DITLINE	UN	PAID BALANCE		MONTHLY PAYMENT
HOME	PL	EASE CHOOS	E ONE:							
AUTO #1		YEAR/MAKE/MO	DDEL							
AUTO #2										
ONLY FILL OUT IF CONSOLIDATING CREDIT CARD:										
CREDIT CARD:										
CREDIT CARD:										
Are there any other person A COMAKER, CO-SIGNEF unsatisfied judgements aga bankrupt or filed chapter 13 EVERYTHING THAT I HAVE S' WHETHER OR NOT IT IS APP EXPERIENCE WITH ME. THE O THE CREDIT REPORTING AGE THIS LAW.	R OR GL inst you in the la TATED IN ROVED. Y DHIO LAW	JARANTOR O ? YES or NO I ast 14 years? \ THIS APPLICA YOU ARE AUTH /S AGAINST DIS	N ANY LOAN f yes, to whor YES or NO If TION IS CORRE ORIZED TO CH CRIMINATION	N? m owed? yes, where' ECT TO THE HECK MY CF REQUIRE TH	For Whor BEST OF MY REDIT & EMPL HAT ALL CRED	m? KNOWLEDGE. OYMENT HIST DITORS MAKE (I UNDI FORY 8 CREDI	& TO ANSWER QUESTIC T EQUALLY AVAILABLE	_Have y	YOU been declared AIN TH IS APPLICATION DUT YOUR CREDIT CREDITWORTHY MEMBERS &
I/we authorize Members notifications, I/we would					lular texting	g in regards	to thi	is loan. If, at anytime	e, I wai	nt to opt out of text
APPLICANT:								DATE:		

TO BE COMPLETED BY CO-MAKER

RELATIONSHIP TO APPLICANT		Account Number							
FIRST NAME	INITIAL LAST N	AME	E	BIRTHDATE	SOCI	AL SECURITY #		#OF DEPENDANTS	
CURRENT ADDRESS		CITY		STATE	ZIP	PHONE	l	LENGTH AT ADDRESS	
PREVIOUS ADDRESS		CITY		STATE	ZIP		L	ENGTH AT ADDRESS	
HOME:		OTHER IN (ALIMONY, 0		RT, OR OTHER)					
CURRENT EMPLOYER		P	POSITION	YRS	F	PHONE	GROSS	S INCOME/MONTHLY	
PREVIOUS EMPLOYER		PC	OSITION	YRS	F	PHONE	GROSS	S INCOME/MONTHLY	
BANK:	CHECKIN	G ACCT.#:			SAVI	NGS ACCT.#:			
NEAREST RELATIVE Not living with you			ADDRESS				PHO	<u>NE</u>	
COMPANY/CREDITOR	COLLATERAL/PL	IRPOSE	ORIGINAL	_ AMOUNT/CREE		UNPAID BAL	ANCE	MONTHLY PAYMENT	
HOME	PLEASE CHOO	SE ONE:							
AUTO #1 AUTO #2	YEAR/MAKE/M	ODEL							
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, AD-DRESS, DATE OF BIRTH, SOCIAL SECURITY NUMBER, & OTHER INFO TO ID THE MEMBER SUCH AS DRIVERS LICENSE DUE TO THE USA PATRIOT ACT.

DATE:

CO-MAKER:

BE COMPLETED BY THE CREDIT UNION:		APPROVAL/DISAPPROVAL ACTION				
REJECT over uns delinque excessiv open sui	TED AS SUBMITTED: REASON recured policy limit nt past/present obligations e obligations ts, judgments, collections ER OFFER:	LOAN OFFICER: DATE:				
	MITTEE ACTION Approved/Rejected	Date				
	Approved/Rejected	Date				