



# Express Application

**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:** Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.  
**Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.

**Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.**

**LOANLINER Account/Loan:**  Individual  Joint  
 (Including ATM/Debit Card Access to the Account if Available)

Amount Requested \$  
 Purpose/Collateral:

Are you interested in having your loan protected?  Yes  No  
 If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

NAME		
PASSWORD	ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
EMAIL ADDRESS		
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO:		
MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE
\$	\$	%

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

**EMPLOYMENT/INCOME**

NAME AND ADDRESS OF EMPLOYER

START DATE

**NOTICE:** ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

EMPLOYMENT INCOME	OTHER INCOME
\$ _____ Per _____	\$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE

**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

**CO-APPLICANT**  **SPOUSE**  **OTHER**

NAME		
PASSWORD	ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT.
EMAIL ADDRESS		
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE
MORTGAGE/RENT OWED TO:		
MORTGAGE BALANCE	MONTHLY PAYMENT	INTEREST RATE
\$	\$	%

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

**EMPLOYMENT/INCOME**

NAME AND ADDRESS OF EMPLOYER

START DATE

**NOTICE:** ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

EMPLOYMENT INCOME	OTHER INCOME
\$ _____ Per _____	\$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE

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**

You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit

report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. 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.

**X** (SEAL)  
 APPLICANT'S SIGNATURE DATE

**X** (SEAL)  
 OTHER SIGNATURE DATE

**CREDIT INSURANCE**

You can protect your financial future by signing up for **voluntary** credit insurance below. Enroll by simply indicating your preference in the "Credit Insurance Application" section below. Your credit union will be happy to explain the various insurance options and coverage. The cost is reasonable.



P.O. Box 391 • 5910 Mineral Point Road  
Madison, WI 53701-0391  
Phone: 800.356.2644

**CREDIT INSURANCE APPLICATION & SCHEDULE**

"You" or "Your" means the member and the joint insured (if applicable).

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

- You are eligible for disability insurance only if you are working for wages or profit for 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

**NOTE: THE LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.**

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)			PREMIUM SCHEDULE	COVERED MEMBER
	YES	NO		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

If you are totally disabled for more than \_\_\_\_\_ days, then the disability benefit will begin with the \_\_\_\_\_ day of disability.

MEMBER	INSURANCE MAXIMUMS		DISABILITY	LIFE
	MAX. MONTHLY TOTAL DISABILITY BENEFIT		\$	N/A
NAME OF YOUR EMPLOYER	MAX. INSURABLE BALANCE PER LOAN ACCT.		\$	\$
MAXIMUM AGE FOR INSURANCE				
SECONDARY BENEFICIARY (If you desire to name one)		ACCOUNT NUMBER		
DATE	BORROWER'S DATE OF BIRTH	AGE	DATE	CO-BORROWER'S DATE OF BIRTH
SIGNATURE OF BORROWER ELIGIBLE TO BE INSURED			SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)	

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