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THIS FORM MAY BE USED BY ANY MEMBER AND/OR FAMILY MEMBER

Individual Account □ Loan Application □ Individual Account □ Joint Account □ with authorized user □ Member Account Number _ MON VALLEY COMMUNITY FEDERAL CREDIT UNION Account No. __ TO BE COMPLETED BY TREAS. SHARE BALANCE _ Credit Union Note No. LOAN BALANCE APPLICATION FOR LOAN Soc. Sec. No. ___ LOAN STATUS _ weeks _, hereby apply for a loan of \$______ for a period of _ months, (print name) □ weekly D bi-weekly to be repaid in _ installments of \$ □ each including interest; semi-monthly and the balance of the payment each plus interest; □ monthly credited to my share amount. I prefer the first payment to fall due on ... I desire this loan for the following purpose (explain fully): _ Co-makers or security offered (if any) . I hereby certify that all statements made, including those on the reverse side hereof, are true and complete and submitted for the purpose of obtaining credit. I have no other debts. The credit union is authorized to check my credit and employment history and to answer questions about its credit experience with me. Address Signature of Applicant City Information below, including appropriate signature (s), is to be filled in by either the credit committee or loan officer, depending upon who acts upon this __, (I) (We) approved a loan in the amount and on the conditions requested by the above _.20___ applicant, except as follows (list any changes in amount, terms, or conditions): Approved by CREDIT COMMITTEE: Approved by LOAN OFFICER: (All committee members shown as present in the minutes of the meeting at which this application was approved must sign above.) Level Payment #11135 Rev. 2/89 APPLICANT'S STATEMENT CO-MAKER'S STATEMENT IAM INDEBTED TO THE FOLLOWING CREDITORS (LIST ALL DEBTS SUCH AS DOCTOR BILLS, INSTALLMENTS, LOANS, REAL ESTATE MORTGAGES, ETC. ATTACH ADDI-TIONAL SHEET IF NECESSARY): NAME OF CO-MAKER IAM INDEBTED TO THE FOLLOWING CREDITORS (LIST ALL DEBTS SUCH AS DOCTOR BILLS, INSTALLMENTS, LOANS, REAL ESTATE MORTGAGES, ETC. ATTACH ADDI-CREDITOR AMT, OWING ADDRESS MO. PAYMENT Home **ADDRESS** MO. PAYMENT AMT. OWING Other_ Home Other Employed By Address Employed By Address Years Employed Position Years Employed Position Clock or Payroll No. Salary Bus. Phone Clock or Payroll No. Salary Bus. Phone Date of Birth Number of dependents Home Phone Date of Birth Number of dependents Home Phone (exclude self) (exclude self) Auto(s) Owned, Make Model Relation to Applicant (if any) Market Value Monthly Rental Auto(s) Owned. Make Model Own Residence - \$ Rent Residence - S References Market Value Monthly Rental Own Residence - \$ Rent Residence - S Other Pertinent Information References I certify that the above statements are true and complete. Other Income: Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. (DATE) (SIGNATURE OF CO-MAKER)

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