



7373 West Saginaw Highway, Lansing, MI 48917  
Phone 517-679-5274 • Toll Free 800-292-2680 x 5274

# CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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## Applicant Information PRINT OR TYPE ALL INFORMATION

- If You live in a community property state, are You:
  - Married
  - Separated
  - Unmarried (Includes Single, Divorced and Widowed)
- Married applicants can apply for individual credit. Indicate if You would like:
  - Individual Credit
  - Joint Credit with Your Spouse/Co-Applicant
- Method of Payment:  Payroll Deduction  Automatic Share Transfer  Cash Payment
- Frequency of Payment:
  - Weekly
  - Bi-Weekly
  - Semi-Monthly
  - Monthly
  - Semi-Annual

## Spouse/Co-Applicant Information

- Complete Spouse/Co-Applicant Information only if:
  - This is for joint credit with Your Spouse or other Co-Applicant;
  - Your Spouse will use Your Account;
  - You are relying on Your Spouse's income as a source of repayment for the credit requested; or
  - You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).
- Definitions: Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.

## Credit Applied For:

Type of credit \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_ Refinanced Amount \$ \_\_\_\_\_ Total Request \$ \_\_\_\_\_  
Purpose \_\_\_\_\_ Collateral Offered \_\_\_\_\_ Value: \$ \_\_\_\_\_

**There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (800) 292-2680, or by writing Us at 7373 West Saginaw Highway, Lansing, MI 48917**

## APPLICANT OR CO-SIGNER

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDATE
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE
CITY		STATE	ZIP
MOTHER'S MAIDEN NAME	EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

## SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDATE
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE
CITY		STATE	ZIP
MOTHER'S MAIDEN NAME	EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

## EMPLOYMENT AND INCOME If self-employed, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS SALARY
FORMER EMPLOYER	POSITION	YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS SALARY
FORMER EMPLOYER	POSITION	YEARS THERE

## OTHER INCOME Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered. (Proof Required)

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

## ASSETS AND DEPOSITS Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR. - MAKE - MODEL			VALUE	
CAR 2 - YR. - MAKE - MODEL			VALUE	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR. - MAKE - MODEL			VALUE	
CAR 2 - YR. - MAKE - MODEL			VALUE	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	

### CREDIT INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.

**A=Applicant C=Spouse/Co-Applicant**  
**D=Debts to be paid off if loan is granted.**

PLEASE CHECK			LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS, INCLUDING CREDIT UNION LOANS	BALANCE	MONTHLY PAYMENT
A	C	D			

Please answer the following questions. If a yes answer is given, explain on attached sheet.	<b>A</b>		<b>C</b>		<h1>TOTALS</h1>						
	YES	NO	YES	NO							
1. Have You filed a petition for bankruptcy in the last 7 years?					Please Check: A=Applicant/Co-Signer C=Co-Applicant						
2. Have You ever had any auto, furniture or property repossessed?					6. Have You any obligations not listed?						
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____					7. Do You have any past due bills?						
					8. Is any income You have listed likely to reduce in the next two years?						
4. Have You ever had credit in any other name? What name _____					9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other_____						
5. Have You any suits pending, judgments filed, alimony or support awards against You?					Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other_____						

### SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement And Federal Disclosure Statement. You will receive a copy of such Agreement And Disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a Credit Card, ATM card or debit card, by signing below, You grant and consent to a lien on Your shares with Us (except those deposits established under a governmental approved tax deferral plan such as IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance and/or Line of Credit created through the use of Your ATM card or debit card.**

You hereby acknowledge Your intent to apply for joint credit \_\_\_\_\_

Applicant's Initials                              Co-Applicant's Initials

**X** \_\_\_\_\_                              **X** \_\_\_\_\_

Signature of Applicant or Co-Signer                              Date                              Signature of Spouse/Co-Applicant                              Date

<b>LOAN OFFICER</b>			<b>OTHER APPROVING SIGNATURES</b>		
ADVANCE APPROVED   YES <input type="checkbox"/> NO <input type="checkbox"/>			ADVANCE APPROVED   YES <input type="checkbox"/> NO <input type="checkbox"/>		
<input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED			<input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED		
DESCRIBE COUNTER OFFER					
SPECIFIC REASON(S) FOR REJECTION/APPROVAL					
LOAN OFFICER SIGNATURE		DATE	CREDIT LIMIT \$		ADDITIONAL INFORMATION
CREDIT MANAGER OR OTHER		DATE			
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER-OFFER SENT OR DELIVERED ON			(DATE) BY _____		