

MEDIA MEMBERS
FEDERAL CREDIT UNION

800 River Road Conshohocken PA 19428

(610) 292-6762 (S.P.P.)

(215) 854-4460 (Phila)

Fax (215) 854-2824

DEAR MEMBER:

- To process this application all questions must be answered.
- Incomplete applications will be returned to you.
- Please submit a recent paycheck stub and verification of other income.
- List outstanding debts as would be shown on your credit report.
- Your share account must contain one month's loan payment.
- You may call the credit union office for loan approval verification the following afternoon.
- In the event that you resign, retire or are discharged before the loan is repaid we will deduct from any pay due you an amount necessary to repay the balance of the loan and interest.
- Loans cannot be refinanced until the principal balance of the current loan is reduced by at least 10% including any Payment Protection refunds.
- Payment Protection may be purchased if eligible...please read below.
- A \$25.00 fee will be charged in the event that a loan is canceled after it has been issued.

Payment Protection Life/Disability/ Involuntary Unemployment Coverage

Payment Protection provides important financial protection for you and your family. It's a simple, affordable way to make sure your loan is taken care of, even if the unexpected happens. If you become disabled, Payment Protection Disability helps make your loan payments while you're recovering and the Life Payment Protection can protect your family from paying your debts at a time when they may be unable to afford to and add the Unemployment Coverage to your package for that unexpected loss of a job to help make that transition time a bit less stressful knowing that you don't have to worry about that loan payment. Apply below for Payment Protection for your loan.

To be eligible for Payment Protection Coverage:

- You must be presently working outside the home for wages or profit for 25 hours or more per week for the past 14 days or more to apply for Payment Protection Disability/Unemployment Coverage.

I have read and understand the eligibility requirements of Payment Protection Coverage. I understand that this is not an application for insurance. This insurance is voluntary and is not a condition for approval of my loan or credit plan. Insurance coverage will become effective after I apply and meet the eligibility requirements of the group policy, when my loan is approved.

Please put an X on the line next to the option you are selecting :

Life Only Life /Disability No Protection

Disability Only Life/Disability/Involuntary Unemployment

X _____
Signature

Date



Application

Married Applicants: May apply for a separate account.

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.

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

Amount Requested \$

Purpose/Collateral:

Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

PAYMENT PROTECTION Are you interested in having your loan protected? Yes No
If you answer "yes", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions.

APPLICANT	
NAME	
ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE
AGES OF DEPENDENTS	EMAIL ADDRESS
BIRTH DATE	HOME PHONE
CELL PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
PREVIOUS ADDRESS (Street - City - State - Zip)	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:	
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	
EMPLOYMENT/INCOME	
NAME AND ADDRESS OF EMPLOYER	
TITLE/GRADE	START DATE
HOURS AT WORK	
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS
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
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE	ENDING/SEPARATION DATE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE
	ENDING DATE
REFERENCE	RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE

OTHER	
<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	
NAME	
ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE
AGES OF DEPENDENTS	EMAIL ADDRESS
BIRTH DATE	HOME PHONE
CELL PHONE	BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip)	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
PREVIOUS ADDRESS (Street - City - State - Zip)	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:	
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	
EMPLOYMENT/INCOME	
NAME AND ADDRESS OF EMPLOYER	
TITLE/GRADE	START DATE
HOURS AT WORK	
SUPERVISOR'S NAME	IF SELF EMPLOYED, TYPE OF BUSINESS
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EMPLOYMENT INCOME	OTHER INCOME
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WHERE	ENDING/SEPARATION DATE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS	STARTING DATE
	ENDING DATE
REFERENCE	RELATIONSHIP
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	HOME PHONE

CREDITOR NAME OTHER THAN THIS CREDIT UNION (Attach additional sheet(s) if necessary)	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY	
				APPLICANT	OTHER
SEE ATTACHED		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
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		\$	\$		
		\$	\$		
		\$	\$		
		TOTALS	\$	\$	

LIST ANY NAMES UNDER WHICH YOUR CREDIT REFERENCES AND CREDIT HISTORY CAN BE CHECKED:

WHAT YOU OWN	LIST LOCATION OF PROPERTY OR FINANCIAL INSTITUTION	MARKET VALUE	PLEGDED AS COLLATERAL FOR ANOTHER LOAN		OWNED BY	
			YES	NO	APPLICANT	OTHER
SEE ATTACHED		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		
		\$	YES	NO		

OTHER INFORMATION ABOUT YOU

- ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN ON AN ATTACHED SHEET
- DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?
- IS YOUR INCOME LIKELY TO DECLINE IN THE NEXT TWO YEARS?
- ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOAN NOT LISTED ABOVE?
FOR WHOM (Name of Others Obligated on Loan): _____ TO WHOM (Name of Creditor): _____

APPLICANT	OTHER
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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.

unless the 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.

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

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 and that the above information is a complete listing of what you owe. 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 crime to willfully and deliberately provide incomplete or incorrect information in this application.

X _____
APPLICANT'S SIGNATURE (SEAL) DATE

X _____
OTHER SIGNATURE (SEAL) DATE

FOR CREDIT UNION USE ONLY

DATE	APPROVED DENIED (Adverse Action Notice Sent)	APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE AFTER
		\$		\$	\$	\$	

LOAN OFFICER COMMENTS:

SIGNATURES: _____
X _____
DATE DATE DATE DATE DATE DATE DATE DATE

10 DE REPRODUCED ONLY WITH PERMISSION OF COMMERCE SYSTEMS, INC.