

# RBCU MINI-LOAN APPLICATION

WILL THIS LOAN BE SECURED BY A MEMBER SHARE ACCOUNT?  NO  YES

If you answer "yes," be sure indicate what RBCU share account will serve as security for this loan.

I authorize you to use:

Assigned Savings Account Number: \_\_\_\_\_  Certificate Number: \_\_\_\_\_

As a pledge of security for the loan amount indicated below.

## PAYMENT PROTECTION

Single Credit Disability Insurance   
Single Credit Life Insurance   
Joint Credit Life Insurance

Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

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

Account Type:  Individual  Joint  
Repayment:  Payroll Deduction  Cash  Military Allotment  Automatic Payment

Amount Requested: \$ \_\_\_\_\_ Term Requested: \_\_\_\_\_

Purpose/Collateral Description: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Housing Expense: \$ \_\_\_\_\_  Rent  Own

Employer: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Position/Title: \_\_\_\_\_ Years On Job: \_\_\_\_\_

Child Care/Alimony Expense: \_\_\_\_\_

Personal Reference Name & Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Personal Reference Name & Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Joint Applicant (If Applicable): \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Joint Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Joint Home Phone: \_\_\_\_\_ Joint Work Phone: \_\_\_\_\_

Joint SSN: \_\_\_\_\_ Housing Expense: \$ \_\_\_\_\_  Rent  Own

Joint Applicant Employer: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Position/Title: \_\_\_\_\_ Years On Job: \_\_\_\_\_

## 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, renewal, or extension 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 the NCUA.

\_\_\_\_\_ (SEAL)

APPLICANT'S SIGNATURE

DATE

\_\_\_\_\_ (SEAL)

OTHER SIGNATURE

DATE