

# E-CENTRAL LOAN APPLICATION

Apply online via Internet Banking

<p><b>THE LOAN REQUEST IS TO BE A:</b>  <input type="checkbox"/> New Loan    <input type="checkbox"/> Refinance Existing Loan    <input type="checkbox"/> Add to Existing Loan    <input type="checkbox"/> Loan Consolidation</p> <p><b>Select Loan Type:</b> _____ <b>Amount:</b> _____</p> <p><input type="checkbox"/> VEHICLE LOAN .....\$ _____</p> <p><input type="checkbox"/> PERSONAL LINE OF CREDIT .....\$ _____ (Includes Checking Overdraft)</p> <p><input type="checkbox"/> PERSONAL UNSECURED LOAN .....\$ _____</p> <p><input type="checkbox"/> OTHER .....\$ _____</p>	<p><b>Credit Insurance Options:</b> The credit union offers Credit Life and Credit Disability Insurance. Credit Life and/or Credit Disability Insurance is not required to obtain credit from the credit union. If you wish information regarding this insurance, please check the applicable box below.</p> <p><input type="checkbox"/> Joint Credit Life Insurance</p> <p><input type="checkbox"/> Single Credit Life Insurance</p> <p><input type="checkbox"/> Single Credit Disability Insurance</p> <p><input type="checkbox"/> You do not request Credit Insurance</p>
<p><b>Payment Method:</b> TRANSFER FROM:    <input type="checkbox"/> Checking    <input type="checkbox"/> Savings    <input type="checkbox"/> CASH PAY MONTHLY</p>	
<p>Applicant, if married, may apply for an individual account.    <b>This Account Will Be A:</b>    <input type="checkbox"/> Individual    <input type="checkbox"/> Joint With Spouse*    <input type="checkbox"/> Joint With Someone Else* (FOR JOINT CREDIT YOU MUST INITIAL BELOW)</p>	

**MARITAL STATUS: CHECK ONE** If you reside in or relying on property in a community property state or if you are applying for a secured credit or joint account.

MARRIED     SEPARATED     UNMARRIED (Including single, divorced or widowed)

## APPLICANT

PERSONAL INFORMATION									
FIRST NAME			INITIAL		LAST NAME (JR./SR.)				
SOCIAL SECURITY NO.				DRIVERS LICENSE NO. AND STATE					
CURRENT STREET ADDRESS					APT NO.	<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	YEARS	MOS	
CITY			STATE		ZIP		DATE OF BIRTH		
HOME PHONE (    )			EMAIL ADDRESS			NO. OF DEPENDENTS (INCLUDING YOURSELF)			
EMPLOYMENT INCOME Attach copies of current paystubs									
PRESENT EMPLOYER					HIRE DATE		GROSS MONTHLY SALARY		
							\$		
DEPARTMENT		POSITION		YRS.	MOS.	WORK PHONE NO. - EXT.			
Alimony, child support, or separate maintenance income need not be revealed if you do with it considered as a basis for repaying this obligation.									
LIST ANY TYPE OF OTHER INCOME						GROSS MONTHLY AMOUNT			
						\$			
OUTSTANDING DEBTS									
<input type="checkbox"/> MORTGAGE	MARKET VALUE		BALANCE		MONTHLY PAYMENT				
<input type="checkbox"/> RENT	\$		\$		\$				
ALL OTHER DEBTS: →			BALANCE		MONTHLY PAYMENT				
			\$		\$				
DO YOU HAVE A: <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> COLLECTION ACCOUNT <input type="checkbox"/> PAST DUE ACCOUNTS <input type="checkbox"/> JUDGEMENTS <input type="checkbox"/> TAX LIENS <input type="checkbox"/> CREDIT IN ANY OTHER NAME _____									
MUST FURNISH WRITTEN EXPLANATION OR DOCUMENTATION									
PERSONAL REFERENCE									
NEAREST RELATIVE (NOT LIVING WITH YOU)					RELATIONSHIP				
ADDRESS					PHONE (    )				

## CO-APPLICANT

PERSONAL INFORMATION									
FIRST NAME			INITIAL		LAST NAME (JR./SR.)				
SOCIAL SECURITY NO.				DRIVERS LICENSE NO. AND STATE					
CURRENT STREET ADDRESS					APT NO.	<input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	YEARS	MOS	
CITY			STATE		ZIP		DATE OF BIRTH		
HOME PHONE (    )			EMAIL ADDRESS			NO. OF DEPENDENTS (INCLUDING YOURSELF)			
EMPLOYMENT INCOME Attach copies of current paystubs									
PRESENT EMPLOYER					HIRE DATE		GROSS MONTHLY SALARY		
							\$		
DEPARTMENT		POSITION		YRS.	MOS.	WORK PHONE NO. - EXT.			
Alimony, child support, or separate maintenance income need not be revealed if you do with it considered as a basis for repaying this obligation.									
LIST ANY TYPE OF OTHER INCOME						GROSS MONTHLY AMOUNT			
						\$			
OUTSTANDING DEBTS									
<input type="checkbox"/> MORTGAGE	MARKET VALUE		BALANCE		MONTHLY PAYMENT				
<input type="checkbox"/> RENT	\$		\$		\$				
ALL OTHER DEBTS: →			BALANCE		MONTHLY PAYMENT				
			\$		\$				
DO YOU HAVE A: <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> COLLECTION ACCOUNT <input type="checkbox"/> PAST DUE ACCOUNTS <input type="checkbox"/> JUDGEMENTS <input type="checkbox"/> TAX LIENS <input type="checkbox"/> CREDIT IN ANY OTHER NAME _____									
MUST FURNISH WRITTEN EXPLANATION OR DOCUMENTATION									
PERSONAL REFERENCE									
NEAREST RELATIVE (NOT LIVING WITH YOU)					RELATIONSHIP				
ADDRESS					PHONE (    )				

## AGREEMENT

"You" and "Your" mean each and all of the applicants signing below. 1. You certify the accuracy of the information given in this application and you will notify the Credit Union in writing immediately if there is any change in your financial condition. It is a violation of Section 1014, Title 18, U.S. Code, to make a false statement or overvalue security for the purpose of influencing the action of any federally insured Credit Union. 2. You authorize the Credit Union to gather whatever credit, employment information, tax returns and related information from the Internal Revenue Service that the Credit Union considers appropriate from time to time (you understand that this will assist, for example, in determining your eligibility for renewal of credit and additional extensions of credit). You authorize the Credit Union to give information concerning your credit experience with us to others. You understand and agree that the Credit Union may retain this application and any other credit information the Credit Union may receive and that you waive your right to confidentiality of your records with the California Department of Motor Vehicles (DMV) and authorize the Credit Union to obtain such information from the DMV. 3. You agree that by using or authorizing another to use the Account, you will be bound by the terms and conditions of the applicable E-Central Credit Union disclosure entitled; A) Closed-End Note, Truth-In-Lending Disclosure, Loan and Security Agreement, or B) Personal Line of Credit (PLOC) Agreement and Federal Disclosure Statement. 4. You agree to be bound by the cross collateral clause which is contained in all loan types indicated on the reverse.

<p><b>X</b> _____ APPLICANT SIGNATURE</p>	DATE	<p><b>X</b> _____ SPOUSE/CO-APPLICANT SIGNATURE (IF APPLICABLE)</p>	DATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">*WE INTEND TO APPLY FOR JOINT CREDIT IF INDICATED ABOVE</td> </tr> <tr> <td style="text-align: center;">                 _____ APPLICANT INITIALS             </td> </tr> <tr> <td style="text-align: center;">                 _____ CO-APPLICANT INITIALS             </td> </tr> </table>	*WE INTEND TO APPLY FOR JOINT CREDIT IF INDICATED ABOVE	_____ APPLICANT INITIALS	_____ CO-APPLICANT INITIALS
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