



Federal Credit Union

212 W HICKORY ST
SISSETON SD 57262
PH: 605-698-7481
F: 605-742-0792

APPLICATION FOR CREDIT UNION LOAN

NAME (PRINT) _____ SSN: _____
ADDRESS _____
CITY STATE ZIP
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
EMAIL _____ DATE OF BIRTH _____
NUMBER OF DEPENDENTS _____
EMPLOYER _____ ADDRESS _____
POSITION _____ LENGTH OF SERVICE _____
SALARY \$ _____ PER _____

YOU NEED NOT DISCLOSE THE FOLLOWING SOURCES OF INCOME UNLESS YOU WANT THE CREDIT UNION TO CONSIDER SUCH INCOME IN CONNECTION WITH THIS LOAN APPLICATION.
ALIMONY \$ _____ CHILD SUPPORT \$ _____ MAINTENANCE \$ _____

I HEREBY APPLY FOR A LOAN IN THE AMOUNT OF \$ _____, TO BE REPAYED
[] WEEKLY [] BI-WEEKLY [] SEMI-MONTHLY
[] MONTHLY [] SINGLE PAYMENT [] ANNUAL

I PREFER THE 1ST PAYMENT TO FALL DUE ON THE _____.

I DESIRE THIS LOAN FOR THE FOLLOWING PURPOSE (EXPLAIN FULLY) _____

COLLATERAL OFFERED: [] SHARES [] AUTOMOBILE [] OTHER

AMOUNT OF SHARES/DESCRIPTION OF AUTO/OTHER: _____

AUTO: YEAR _____ MAKE _____ MODEL _____
DRIVER'S LISCENSE NUMBER _____ STATE ISSUED _____

ARE YOU A CO-BORROWER ON ANY OTHER LOANS? Y / N IF YES, FOR WHOM & AMOUNT: _____

ARE YOU RELYING ON INCOME FROM ANOTHER PERSON FOR THIS LOAN? Y / N
IF YES, NAME: _____ RELATIONSHIP _____

** THIS PERSON SHOULD COMPLETE THE CO-BORROWER'S STATEMENT**

I AM IN DEBT TO THE FOLLOWING CREDITORS PER MONTH:

-LIST ALL DEBTS SUCH AS RENT, MORTGAGE, PEYMENTS, AUTOMOBILE PAYMENTS, DOCTOR BILLS, INSTALLMENT LOANS, AND CREDIT CARDS

-ATTACH ADDITIONAL SHEET IF NECESSARY.

-IF NONE PLEASE STATE "NONE"

-INDICATE WITH AN "X" THOSE OBLIGATIONS YOU WILL PAY WITH THE PROCEEDS OF THIS LOAN.

CREDITOR	ADDRESS	PURPOSE	MONTHLY PAYMENTS	BALANCE
		RENT/HOUSE		
		AUTO LOAN		
		CHILD SUPPORT		

CO-BORROWER'S STATEMENT

CO-BORROWER'S NAME (PRINT) _____ SSN: _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMAIL _____ DATE OF BIRTH _____

NUMBER OF DEPENDENTS _____

EMPLOYER _____ ADDRESS _____

POSITION _____ LENGTH OF SERVICE _____

SALARY \$ _____ PER _____

I AM IN DEBT TO THE FOLLOWING CREDITORS PER MONTH:

-LIST ALL DEBTS SUCH AS RENT, MORTGAGE, PEYMENTS, AUTOMOBILE PAYMENTS, DOCTOR BILLS, INSTALLMENT LOANS, AND CREDIT CARDS

-ATTACH ADDITIONAL SHEET IF NECESSARY.

-IF NONE PLEASE STATE "NONE"

CREDITOR	ADDRESS	PURPOSE	AMOUNT	BALANCE

SECTION 1014. TITLE 18 OF THE UNITED STATES CODE MAKES IT A FEDERAL OFFENSE FOR A PERSON TO KNOWINGLY MAKE FALSE STATEMENTS FOR THE PURPOSE OF INFLUENCING THE ACTION OF A FEDERAL CREDIT UNION. I HEREBY CERTIFY THAT ALL STATEMENTS MAKE HEREOF ARE TRUE AND COMPLETE AND THAT I HAVE NO OTHER DEBTS. THE CREDIT UNION IS AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT ITS CREDIT WITH ME.

BORROWER _____ **DATE** _____

CO-BORROWER _____ **DATE** _____

AUTHORIZATION TO RELEASE INFORMATION

BORROWER: _____

DOB: _____ SSN: _____

I (We), the undersigned, hereby authorize you to release information regarding my account, personal information, and employment to **COTEAU VALLEY FEDERAL CREDIT UNION**. This form may be duplicated in blank and/or sent via facsimile transmission. This authorization is a continuing authorization for said parties to receive any requested information regarding my account with you.

Borrower