

Federal Credit Union

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

F: 605-742-0792

YOU MUST BE EMPLOYED AT YOUR CURRENT JOB FOR AT LEAST 90 DAYS BEFORE YOU ARE ELIGIBLE FOR A LOAN

APPLICATION FOR CREDIT UNION LOAN

AME (PRINT)SSN:					
ADDRESS					
		STATE	ZIP		
HOME PHONE WORK PHONE_		CELL PHONE			
EMAIL	MAIL DATE OF BIRTH				
NUMBER OF DEPENDENTSEMPLOYER	ADD	DRESS			
POSITION	START DAT	E			
SALARY \$PER					
YOU NEED NOT DISCLOSE THE FOLLO					
ALIMONY \$ CHILD SUPPORT \$_		MAINTENANCE \$			
□ WEEKLY □ BI-WEEKLY □ SEI □ MONTHLY □ SINGLE PAYN I PREFER THE 1 ST PAYMENT TO FALL DUE ON T I DESIRE THIS LOAN FOR THE FOLLOWING PUF	MENT □ <i>F</i>	ANNUAL			
IF YOU ARE APPLYING FOR A VEHICL FOR THE VEHIC	_	SE PROVIDE THE FOLLO	DWING INFORMATION		
AUTO: YEAR MAKE		MODEL			
DRIVER'S LISCENSE NUMBER					
VIN #		MILEAGE:			

***UNSECURED LOANS		OTHER	
	S DO NOT REQUIRE CO	LLATERAL***	
AMOUNT OF SHARES/DESCRIPTION OF A	UTO/OTHER:		
			·
LIST ALL DEDTS SUGLI AS DENT. MODES	ACE DAVAGNITE ALITE	NACOULE DAVAGENTO D	OCTOR RULE
-LIST ALL DEBTS SUCH AS RENT, MORTG		MOBILE PAYMENTS, D	OCTOR BILLS,
INSTALLMENT LOANS, AND CREDIT CARI -ATTACH ADDITIONAL SHEET IF NECESSA			
-IF NONE PLEASE STATE "NONE"	IKT.		
-IF NONE PLEASE STATE NONE -INDICATE WITH AN "X" THOSE OBLIGAT	CIONE VOLLWILL DAV W	WITH THE DROCEEDS OF	THISLOAN
I AM IN DEBT TO THE FOLLOWING CREDI		VITH THE PROCEEDS OF	THIS LOAN.
CREDITOR ADDR		POSE MONTHLY	' BALANCE
CREDITOR ADDR	E33 PURP	PAYMENTS	
	RENT/H		
	AUTO		
	CHILD SU	JPPORT	
ARE YOU A CO-BORROWER ON ANY OTH	ER LOANS? Y / N IF YES	S, FOR WHOM & AMOU	NT:
			·•
ARE YOU RELYING ON INCOME FROM AN		•	
IF YES, NAME:F			
(REQUIRES CO-CORROWI	ER'S STATEMENT)		
SECTION 1014. TITLE 18 OF THE UNITED			
TO KNOWINGLY MAKE FALSE STATEMEN			
FEDERAL CREDIT UNION. I HEREBY CERT			
COMPLETE AND THAT I HAVE NO OTHER		IONS ABOUT ITS CREDIT	- 14/1 -
COMPLETE AND THAT I HAVE NO OTHER CREDIT AND EMPLOYMENT HISTORY AN	D TO ANSWER QUESTI		I WITH ME.
	·		DATE

TWO MOST RECENT PAYSTUBS OR VERIFICATION OF INCOME IS REQUIRED TO COMPLETE THE LOAN



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AUTHORIZATION TO RELEASE INFORMATION

BORROWER:		
DOB:	SSN:	
account, personal info	ormation, and employ s form may be duplic athorization is a conti	e you to release information regarding my byment to COTEAU VALLEY FEDERAL cated in blank and/or sent via facsimile tinuing authorization for said parties to receive account with you.
Borrower		

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• CO-BORROWER'S STATEMENT •

PLEASE HAVE CO-BO	RROWER FILL OUT FO	LLOWING INFORMATI	ION:			
CO-BORROWER'S NAME (PRINT)			SSN:			
HOME PHONE	WORK PHO	NE	CELL PHONE			
EMAIL			DATE OF BIRTH			
NUMBER OF DEPEN	DENTS					
EMPLOYER		_ADDRESS				
POSITION		LENGTH	LENGTH OF SERVICE			
SALARY \$	PER					
I AM IN DEBT TO TH	E FOLLOWING CREDIT	ORS PER MONTH:				
-LIST ALL DEBTS SUG	CH AS RENT, MORTGA	GE PAYMENTS, AUTO	MOBILE PAYMEN	ITS, DOCTOR BILLS,		
INSTALLMENT LOAM	NS, AND CREDIT CARD	S				
-ATTACH ADDITION	AL SHEET IF NECESSAF	RY.				
-IF NONE PLEASE ST	ATE "NONE"					
CREDITOR	CREDITOR ADDRESS	PURPOSE	JRPOSE AMOUNT BALANCE			
CO-BORROWER				DATE		

TWO MOST RECENT PAYSTUBS OR VERIFICATION OF INCOME IS REQUIRED TO COMPLETE THE LOAN