

NORTHEAST REGIONAL CREDIT UNION

514 Broadway Hannibal, MO 63401-4001 Phone: (573) 221-0201 FAX: (573) 221-3087



HOW TO APPLY

- · Please complete front and back of application
- Return completed application to credit union
- There will be a \$10.00 loan fee per applicant
- · Sign on back page
- Include most recent payroll checkstub (s) for all applicant (s)
- · An incomplete or unsigned application may delay processing

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.

Check below to indicate the type of a	ccount(s) and ty	pe of credit for which	ch you are app	lying. Married	Applicants	may apply for	a separate account.		
☐ LOANLINER® Account/Loan: □	Individual 🗆 Jo	oint Amount Req	uested \$	Pui	rpose/Collat	teral:			
(Including ATM/Debit Card Access	s to the Account	if Available)							
Repayment: Payroll Deduction	on 🗌 Cash	☐ Military Allot		utomatic Payı					
Payment Single Credit Dis	ability Insurance [Single Credit Life I	nsurance Chec	k coverage(s) d	lesired. The c	redit union will d	isclose the cost of this		
Protection	[☐ Joint Credit Life In	surance volun	tary insurance	to you. A sepa	arate insurance el cianod for covera	lection which discloses ge to become effective.		
A									
Applicant NAME (Last - First - Initial)			Other: NAME (Last - Firs	Co-Applic	ant	Spouse	Other		
NAME (Last - First - Initial)			INAINE (Last - Fils	t - midaly					
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER		ACCOUNT NUMBER			SOCIAL SECURITY NUMBER			
DRIVER'S LICENSE NUMBER / STATE	LIST AGES OF DEPENDENTS NOT LISTED		DRIVER'S LICENSE NUMBER / STATE			LIST AGES OF DEPENDENTS NOT LISTED			
	BY OTHER APPLICANT (Exclude Self)					BY APPLICANT (Exclude Self)			
BIRTH DATE HOME PHONE	BUSINESS F	PHONE/ EXT.	BIRTH DATE	HOME PHON	E	BUSINESS	PHONE/ EXT.		
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E-MAIL ADDRESS		x - 12 1	E-MAIL ADDRES	S					
PRESENT ADDRESS (Street - City - State - Zip)	7	OWN RENT	PRESENT ADDR	ESS (Street - City	- State - Zip)		OWN PRENT		
		YEARS AT THIS					YEARS AT THIS		
		ADDRESS					ADDRESS		
PREVIOUS ADDRESS (Street - City - State - Zip) OWN RENT			PREVIOUS ADDRESS (Street - City - State - Zip)						
	YEARS AT THIS ADDRESS								
COMPLETE FOR JOINT CREDIT, SECURED CRED	DIT OR IF YOU LIVE IN	A COMMUNITY	COMPLETE FOR		ECURED CRED	OIT OR IF YOU LIVE I	N A COMMUNITY		
PROPERTY STATE: MARRIED	MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)								
Employment/Income	Employment/Income								
NAME AND ADDRESS OF	NAME AND ADDRESS OF								
EMPLOYER			EMPLOYER						
TITLE/GRADE ST	ART DATE	HOURS AT WORK	TITLE/GRADE		STA	ART DATE	HOURS AT WORK		
SUPERVISOR'S NAME IF	SELF EMPLOYED, TYF	E OE BUSINESS	SUPERVISOR'S	NAME	IE 4	SELF EMPLOYED, T	VDE OE BLISINIESS		
SUPERVISOR S NAIME	SELF EMPLOTED, TTP	E OF BOOKESS	SOI ENVISORS		"	SEEP EMPEOTED, T	TPE OF BOSINESS		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.				NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.					
EMPLOYMENT INCOME	EMPLOYMENT INCOME OTHER INCOME								
\$PER	\$	PER	\$	PER		\$	PER		
NET GROSS	SOURCE		NET GR	oss		SOURCE			
MILITARY: IS DUTY STATION TRANSFER EXPEC		AR? YES NO DING/SEPARATION DATE	MILITARY: IS DU	JTY STATION TRA	NSFER EXPECT	TED DURING NEXT \ E	YEAR? YES NO NDING/SEPARATION DATE		
PREVIOUS EMPLOYER NAME AND ADDRESS IF THAN FIVE YEARS	EMPLOYED LESS	STARTING DATE	PREVIOUS EMPI		D ADDRESS IF E	EMPLOYED LESS	STARTING DATE		
		ENDING DATE					ENDING DATE		
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	R ANOTH	ANOTHER LOAN		Applicant	Other
	YES		NO		
	YES		NO	***	
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	YES		NO		
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	7	YES N	10	YES	NO
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the account	is open	ned. (2)) Please	sign if yo	ou are no
interest of th	ie marria	age or	family o	of the unde	rsigned.
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IDENTS ONLY	•			DATE	
SPAN ST	200	400			
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