

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	LOAN NUMBER	DATE
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Applicant/Co-Applicant (or Spouse) Information

1. Method of Payment:

- Payroll Deduction Automatic Share Transfer Cash
 Bi-Weekly Monthly Semi-Monthly

2. Definitions:

Whenever used in this application, the words "You" and "Your" refer to the applicant(s), and the words "We", "Us", and "Our" refer to the Lender.

3. Complete Spouse/Co-Applicant information only if any of the following apply:

- a. This is for joint credit with Your Spouse or other Co-Applicant;
- b. Your Spouse will use Your Account;
- c. You're relying on Your Spouse's income as a source of repayment for the credit requested;
- d. You live in a community property state: Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin (and Puerto Rico).

Open-End Features Applied For:

- Quick Silver Line of Credit Limit Desired \$ _____
 VISA No. of Cards _____ Limit Desired \$ _____
 Overdraft on Account No. _____
 Other _____

Refer to the Important VISA Credit Card Disclosures located on page 3 for rate, fee and cost information.

Closed-End Loans Applied For:

- Secured Unsecured Number of Months _____
\$ _____ \$ _____
Purpose _____
Collateral Offered _____
Collateral Owned By _____

APPLICANT

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		BIRTHDATE
CURRENT STREET ADDRESS			APT. NO.	SINCE
CITY			STATE	ZIP
RENT	CELLULAR TELEPHONE NUMBER		FORMER STREET ADDRESS	
OWN				
CITY			STATE	ZIP
HOME TELEPHONE NUMBER	EMAIL ADDRESS		NO. OF DEP	AGE OF DEPENDANTS

SPOUSE/CO-APPLICANT (See Information Above)

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		BIRTHDATE
CURRENT STREET ADDRESS			APT. NO.	SINCE
CITY			STATE	ZIP
RENT	CELLULAR TELEPHONE NUMBER		FORMER STREET ADDRESS	
OWN				
CITY			STATE	ZIP
HOME TELEPHONE NUMBER	EMAIL ADDRESS		NO. OF DEP	AGE OF DEPENDANTS

EMPLOYMENT AND INCOME Two most current paystubs or if self-employed, attach financial statement and/or income tax return.

CURRENT EMPLOYER			DATE HIRED	
ADDRESS				
CITY		STATE	ZIP	TELEPHONE NUMBER
POSITION			MO. GROSS SALARY	
			\$ _____	
FORMER EMPLOYER – NAME/ADDRESS/TELEPHONE				YRS.

CURRENT EMPLOYER			DATE HIRED	
ADDRESS				
CITY		STATE	ZIP	TELEPHONE NUMBER
POSITION			MO. GROSS SALARY	
			\$ _____	
FORMER EMPLOYER – NAME/ADDRESS/TELEPHONE				YRS.

OTHER INCOME You need not list income from alimony, child support or separate maintenance unless You wish it considered for purposes of granting this credit.

TYPE OF OTHER INCOME		MONTHLY AMT.	TOTAL MO. INCOME
		\$ _____	\$ _____
NAME/ADDRESS/TELEPHONE OF PAYER			

TYPE OF OTHER INCOME		MONTHLY AMT.	TOTAL MO. INCOME
		\$ _____	\$ _____
NAME/ADDRESS/TELEPHONE OF PAYER			

PERSONAL REFERENCES

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP
ADDRESS			TELEPHONE
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU			YEARS KNOWN
			TELEPHONE

ASSETS AND DEPOSITS LIST ALL ASSETS -- ATTACH SEPARATE SHEET IF NECESSARY **A** – APPLICANT **C** – SPOUSE/CO-APPLICANT

CHECK A C	TYPE	DEPOSITORY (OR OTHER) NAME & ADDRESS	ACCOUNT NUMBER	APPROXIMATE BALANCE
	CHECKING			
	SAVINGS			
	OTHER			
DESCRIPTION OF ASSETS		VALUE	PLEGGED AS COLLATERAL	
CAR 1		\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROPERTY		VALUE	PLEGGED AS COLLATERAL	
		\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER ASSETS		VALUE	PLEGGED AS COLLATERAL	
		\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please answer the following questions. If a yes answer is given, explain on attached sheet.	A		C		Please Check: A=Applicant C=Spouse/Co-Applicant	A		C	
	YES	NO	YES	NO		YES	NO	YES	NO
1. Have You filed a petition for bankruptcy?					5. Have You any suits pending, judgments filed, alimony or support awards against You?				
2. Have You ever had any auto, furniture or property repossessed?									
3. Are you a co-maker or co-signer of any loan? For Whom _____ Amount \$ _____					6. Have You any obligations not listed?				
4. Have you ever had credit in any other name? What name _____					7. Do You have any past due bills?				
					8. Is any income You have listed likely to reduce in the next two years?				

CHECK					TYPE OF LOAN	LENDER (OR OTHER OBLIGATIONS) NAME/ ADDRESS LIST ALL OTHER CREDIT UNION LOANS	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENTS
A	C	J	N	D					
					MORTGAGE				
					RENTAL				
					SECOND MORTGAGE				
					AUTO MAKE YEAR				
					CREDIT CARD				
TOTALS									

OPTIONAL CREDIT INSURANCE

Credit Life and/or Credit Disability Insurance are not required to obtain credit and, for Credit Line Accounts, will be included only if requested immediately below by the APPLICANT. The insurance rates for Credit Line Accounts are shown below. For Credit Line Accounts, the insurance charge is calculated each month by multiplying the outstanding balance of the Account on the last day of that month by the rate shown. For Closed-End loans, the total insurance premium will be calculated and disclosed to You separately.

Monthly Premium Rates per \$1000 of Outstanding Balance for Credit Line Accounts - You must CHECK ONE OR MORE of the boxes below.

CREDIT LIFE: Single Coverage - \$0.54 Yes No Joint Coverage - \$0.86 Yes No

CREDIT DISABILITY (Primary Borrower Only): Single Coverage - \$1.70 Yes No

Closed-End Loan Applicants - You must CHECK ONE OR MORE of the boxes below.

You are interested in Credit Disability Insurance - single coverage joint coverage

You are not interested in Credit Insurance

NOTE: For Closed-End loans, an appropriate disclosure will be furnished if Your credit is approved. If this application is for a Credit Line Account and You are applying for Credit Insurance, You authorize Us to add the required premiums to Your Account, charge a Finance Charge on the premiums at the rate which applies to Your Account, and forward such premiums to the Insurance Company.

Signature Of Applicant _____ Signature Of Co-Applicant _____

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **For Credit Card Applicants, If You are issued a Credit Card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh Accounts) and any dividends due to You from Us to the extent You owe any unpaid Credit Card balance.**

You hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials Co-Applicant's Initials

<input checked="" type="checkbox"/> _____ Signature of Applicant/Co-Signer/Guarantor Date	<input checked="" type="checkbox"/> _____ Signature of Applicant/Co-Signer/Guarantor Date
<input checked="" type="checkbox"/> _____ Signature of Applicant/Co-Signer/Guarantor Date	<input checked="" type="checkbox"/> _____ Signature of Applicant/Co-Signer/Guarantor Date

CREDIT UNION USE ONLY

DATE	UNSECURED LIMIT	SECURED	APR	DAILY PERIODIC RATE
REASON			LOAN OFFICER SIGNATURE	
DATE		COUNTER OFFER		
<input type="checkbox"/> Approve <input type="checkbox"/> Reject		<input type="checkbox"/> Approve <input type="checkbox"/> Reject		<input type="checkbox"/> Approve <input type="checkbox"/> Reject
SPECIFIC REASON(S) FOR REJECTION		SPECIFIC REASON(S) FOR REJECTION		SPECIFIC REASON(S) FOR REJECTION
SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE DATE
EOCA NOTICE SENT AND REASON FOR REJECTION SENT OR DELIVERED ON / /				

Important VISA Credit Card Disclosure. The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card are accurate as of February 24, 2009. You can call Us at (202) 547-4800 or write Us at P.O. Box 48009, Washington, D.C. 20002-0009 to inquire if any changes have occurred since the effective date.

Interest Rate and Interest Charges	
Annual Percentage Rate (APR) for Purchases	VISA Classic: 13.50% VISA Secured: 11.00%
Annual Percentage Rate (APR) for Balance Transfers	VISA Classic: 13.50% VISA Secured: 11.00%
Annual Percentage Rate (APR) for Cash Advances	VISA Classic: 13.50% VISA Secured: 11.00%
Paying Interest	We will not charge You interest on purchases if You pay Your entire balance owed each month within 25 days of Your statement closing date. We will begin charging interest on cash advances and balance transfers on the transaction date.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a Credit Card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard .

Fees	
Annual Fee	\$15.00
Penalty Fees	
• Returned Payment	\$30.00
• Late Payment	\$30.00 , after 15 days

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)." See Your Account Agreement for details.