



# Consumer Loan Application

This application may be used for all loans except Real Estate

|                  |   |   |   |   |                            |
|------------------|---|---|---|---|----------------------------|
| <b>APPLICANT</b> | <b>AMOUNT REQUESTED:</b><br>\$  |   | <b>PURPOSE:</b>   | <b>COLLATERAL:</b>  | <b>ACCOUNT #</b>           |
|                  | <input type="checkbox"/> <b>INDIVIDUAL CREDIT</b><br><input type="checkbox"/> <b>JOINT CREDIT</b><br>INITIAL TO CERTIFY YOU ARE APPLYING FOR JOINT CREDIT: _____  |   | <b>NOTE:</b> If applying for individual credit, do not complete marital status unless you reside in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI). Married persons may apply for credit in their own name. If you are married and live in a community property state, please provide information about your spouse in the co-applicant section. |   |                            |
|                  | NAME  |   | SOCIAL SECURITY NUMBER  |   | YOUR DATE OF BIRTH         |
|                  | STREET ADDRESS  |   | CITY  | STATE   | ZIP                        |
|                  | HOME PHONE<br>( )   | HOUSING: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER<br>YEARS AT CURRENT ADDRESS: | MONTHLY PAYMENT/RENT<br>\$  | HOME VALUE<br>\$  | PRESENT BALANCE<br>\$      |
|                  | COMPLETE FOR JOINT CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:<br><input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED) |   |   | AGES OF DEPENDENTS (EXCLUDING SELF):                                      |                            |
|                  | EMPLOYER'S NAME & ADDRESS   |   |   | SELF EMPLOYED<br><input type="checkbox"/> YES <input type="checkbox"/> NO | WORK PHONE<br>( )          |
|                  | POSITION/TYPE OF WORK   | SUPERVISOR  | <input type="checkbox"/> PERMANENT <input type="checkbox"/> FULL-TIME<br><input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME  | YEARS THERE:  | GROSS MONTHLY INCOME<br>\$ |
|                  | PLEASE NOTE: Do not provide information about child support or alimony income unless you want us to consider it in evaluating your creditworthiness.  |   |   | OTHER SOURCE OF INCOME, IF ANY  | MONTHLY AMOUNT<br>\$       |
|                  | DO YOU PAY CHILD SUPPORT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO    AMOUNT: \$   |   | EMAIL ADDRESS   |   |                            |

|                     |   |   |  |   |                            |
|---------------------|---|---|--|---|----------------------------|
| <b>CO-APPLICANT</b> | NAME  |   | RELATIONSHIP TO APPLICANT  |   | SOCIAL SECURITY NUMBER     |
|                     | STREET ADDRESS  |   | CITY   | STATE   | ZIP                        |
|                     | HOME PHONE<br>( )   | HOUSING: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER<br>YEARS AT CURRENT ADDRESS: | MONTHLY PAYMENT/RENT<br>\$   | HOME VALUE<br>\$  | PRESENT BALANCE<br>\$      |
|                     | COMPLETE FOR JOINT CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:<br><input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED) |   |  | AGES OF DEPENDENTS (EXCLUDING SELF):                                      |                            |
|                     | EMPLOYER'S NAME & ADDRESS   |   |  | SELF EMPLOYED<br><input type="checkbox"/> YES <input type="checkbox"/> NO | WORK PHONE<br>( )          |
|                     | POSITION/TYPE OF WORK   | SUPERVISOR  | <input type="checkbox"/> PERMANENT <input type="checkbox"/> FULL-TIME<br><input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME | YEARS THERE:  | GROSS MONTHLY INCOME<br>\$ |
|                     | PLEASE NOTE: Do not provide information about child support or alimony income unless you want us to consider it in evaluating your creditworthiness.  |   |  | OTHER SOURCE OF INCOME, IF ANY  | MONTHLY AMOUNT<br>\$       |
|                     | DO YOU PAY CHILD SUPPORT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO    AMOUNT: \$   |   | BY INITIALIZING, CO-APPLICANT CERTIFIES HE/SHE IS APPLYING FOR JOINT CREDIT: _____   |   | DATE OF BIRTH              |

"You" and "your(s)" refer to the applicant and co-applicant. "We," "us," and "ACCU," refer to Arizona Central Credit Union. By signing below, you the undersigned, certify under penalty of perjury that the information presented herein, supplied for the purpose of obtaining credit, is true and correct. You understand that providing false or misleading information on a credit application violates state and federal law. ACCU is authorized to make inquiries, as deemed necessary, to verify any information contained in this application. Upon submission, this application becomes the property of ACCU. You authorize us to give information concerning your credit experience with us to others.

Disclosures will be provided for each service for which you have qualified. Use of the service by you or your agent certifies that you agree to the terms and conditions set forth in the disclosures. In the event it is necessary for ACCU to take collection action against you for any reason, you will be responsible for court costs, collection costs and attorney fees.

**PLASTIC CARD SECURITY AGREEMENT AND PLEDGE.** By signing this application, acceptance or authorized use of any credit/debit/ATM card(s) issued, I/we pledge our shares as defined by our Membership Agreement\* to secure payment of my/our obligations on this account. Additional Security: I/we understand that collateral securing other loans will secure this account, and that property purchased with my/our card(s) will also secure this account.

\*Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits. (See Visa Credit Card Disclosure and Agreement for Terms.)

INITIALS: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
 MEMBER'S SIGNATURE DATE CO-APPLICANT'S SIGNATURE (if applicable) DATE

**SEE REVERSE SIDE**



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|                  |  |            |                                |               |  |
|------------------|--|------------|--------------------------------|---------------|--|
| <b>APPLICANT</b> | SHARE DRAFT OR CHECKING ACCOUNT NUMBER                                       |            | NAME AND ADDRESS OF DEPOSITORY |               |  |
|                  | SAVINGS ACCOUNT NUMBER   |            | NAME AND ADDRESS OF DEPOSITORY |               |  |
|                  | NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU                     |            |                                | RELATIONSHIP  |  |
|                  |  |            |                                | HOME PHONE    |  |
|                  | NAME AND ADDRESS OF PERSONAL FRIEND – NOT A RELATIVE                         |            |                                | HOME PHONE    |  |
|                  | IF EMPLOYED IN CURRENT POSITION LESS THAN TWO YEARS, COMPLETE THE FOLLOWING: |            |                                |               |  |
|                  | PREVIOUS EMPLOYER NAME AND ADDRESS   |            |                                | STARTING DATE |  |
|                  |  |            |                                | ENDING DATE   |  |
|                  | TITLE/GRADE  |            | SUPERVISOR                     |               |  |
|                  | PREVIOUS EMPLOYER NAME AND ADDRESS   |            |                                | STARTING DATE |  |
|                  |  |            | ENDING DATE                    |               |  |
| TITLE/GRADE      |  | SUPERVISOR |                                |               |  |

|                     |  |            |                                |               |  |
|---------------------|--|------------|--------------------------------|---------------|--|
| <b>CO-APPLICANT</b> | SHARE DRAFT OR CHECKING ACCOUNT NUMBER                                       |            | NAME AND ADDRESS OF DEPOSITORY |               |  |
|                     | SAVINGS ACCOUNT NUMBER   |            | NAME AND ADDRESS OF DEPOSITORY |               |  |
|                     | NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU                     |            |                                | RELATIONSHIP  |  |
|                     |  |            |                                | HOME PHONE    |  |
|                     | NAME AND ADDRESS OF PERSONAL FRIEND – NOT A RELATIVE                         |            |                                | HOME PHONE    |  |
|                     | IF EMPLOYED IN CURRENT POSITION LESS THAN TWO YEARS, COMPLETE THE FOLLOWING: |            |                                |               |  |
|                     | PREVIOUS EMPLOYER NAME AND ADDRESS   |            |                                | STARTING DATE |  |
|                     |  |            |                                | ENDING DATE   |  |
|                     | TITLE/GRADE  |            | SUPERVISOR                     |               |  |
|                     | PREVIOUS EMPLOYER NAME AND ADDRESS   |            |                                | STARTING DATE |  |
|                     |  |            | ENDING DATE                    |               |  |
| TITLE/GRADE         |  | SUPERVISOR |                                |               |  |