


Credit Application

<p>STCU ACCOUNT # _____</p> <p>AMOUNT REQUESTED: \$ _____</p> <p>PURPOSE: _____</p> <p>COLLATERAL: _____</p> <p> CREDIT CARD: \$ _____</p>	<p>Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual or Joint credit and complete applicant section. Complete co-applicant or spouse section: (1) about your spouse if you live in a community property state, or (2) if your spouse will use the account or (3) if there is a co-applicant on this account.</p> <p>CHECK ACCOUNT CHOICE: (ONLY ONE)</p> <p><input type="checkbox"/> INDIVIDUAL ACCOUNT <input type="checkbox"/> JOINT ACCOUNT</p>
<p>CHECK REPAYMENT CHOICE:</p> <p><input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> CASH/PAYMENT COUPON</p> <p><input type="checkbox"/> AUTOMATIC TRANSFER <input type="checkbox"/> OTHER</p> <p>PREFERRED PAYMENT DATE: _____</p>	<p>I/WE REQUEST THE FOLLOWING INSURANCE COVERAGE:</p> <p><input type="checkbox"/> SINGLE CREDIT LIFE <input type="checkbox"/> CREDIT DISABILITY</p> <p><input type="checkbox"/> JOINT CREDIT LIFE <input type="checkbox"/> NONE</p>

PLEASE INDICATE YOUR PREFERRED PAYMENT FREQUENCY:

MONTHLY BI-WEEKLY SEMI-MONTHLY WEEKLY

NOTE: BI-WEEKLY, SEMI-MONTHLY OR WEEKLY PAYMENTS REQUIRE AUTOMATIC TRANSFER OR PAYROLL DEDUCTION.

APPLICANT **NOTE:** ALL APPLICABLE SECTIONS SHOULD BE FILLED OUT COMPLETELY. IF NOT, PROCESSING OF YOUR APPLICATION MAY BE DELAYED.

LAST NAME		FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
DATE OF BIRTH	NO. OF DEPENDENTS	HOME PHONE	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER <input type="checkbox"/>
CURRENT ADDRESS		CITY	STATE	ZIP	HOW LONG (YRS)
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)					HOW LONG (YRS)
PREVIOUS ADDRESS		CITY	STATE	ZIP	HOW LONG (YRS)
EMPLOYER	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO <small>IF SELF EMPLOYED, PLEASE SUBMIT 3 YEARS TAX RETURNS.</small>		WORK PHONE		HOW LONG (YRS)
ADDRESS		POSITION/OCCUPATION			MONTHLY GROSS INCOME (BEFORE TAXES) \$
NAME & ADDRESS OF PREVIOUS EMPLOYER					HOW LONG (YRS)
SOURCE OF ADDITIONAL INCOME*					AMOUNT PER MONTH
NEAREST RELATIVE (NOT LIVING WITH YOU)		HOME PHONE		RELATIONSHIP	
THEIR ADDRESS		CITY	STATE	ZIP	

*YOU NEED NOT FURNISH ALIMONY, CHILD SUPPORT OR MAINTENANCE INCOME INFORMATION IF YOU DO NOT WANT US TO CONSIDER IT IN EVALUATING YOUR APPLICATION.

CO-APPLICANT **SPOUSE** **COMPLETE THIS SECTION ONLY IF CO-APPLICANT OR SPOUSE IS APPLYING FOR A JOINT ACCOUNT.**

LAST NAME		FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
DATE OF BIRTH	NO. OF DEPENDENTS	HOME PHONE	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER <input type="checkbox"/>
CURRENT ADDRESS		CITY	STATE	ZIP	HOW LONG (YRS)
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)					HOW LONG (YRS)
PREVIOUS ADDRESS		CITY	STATE	ZIP	HOW LONG (YRS)
EMPLOYER	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO <small>IF SELF EMPLOYED, PLEASE SUBMIT 3 YEARS TAX RETURNS.</small>		WORK PHONE		HOW LONG (YRS)
ADDRESS		POSITION/OCCUPATION			MONTHLY GROSS INCOME (BEFORE TAXES)
NAME & ADDRESS OF PREVIOUS EMPLOYER					HOW LONG (YRS)
SOURCE OF ADDITIONAL INCOME*					AMOUNT PER MONTH
NEAREST RELATIVE (NOT LIVING WITH YOU)		HOME PHONE		RELATIONSHIP	
THEIR ADDRESS		CITY	STATE	ZIP	

*YOU NEED NOT FURNISH ALIMONY, CHILD SUPPORT OR MAINTENANCE INCOME INFORMATION IF YOU DO NOT WANT US TO CONSIDER IT IN EVALUATING YOUR APPLICATION.

CREDIT INFORMATION ATTACH ADDITIONAL SHEET IF NECESSARY.

BANK NAME & ADDRESS	BRANCH
CHECKING ACCOUNT #	SAVINGS ACCOUNT #

OTHER INFORMATION ABOUT YOU IF YOU ANSWER "YES" TO ANY QUESTION, PLEASE EXPLAIN ON AN ATTACHED SHEET.

DO YOU CURRENTLY HAVE ANY OUTSTANDING JUDGMENTS OR HAVE YOU EVER FILED FOR BANKRUPTCY, HAD A DEBT ADJUSTMENT PLAN CONFIRMED UNDER CHAPTER 13, HAD PROPERTY FORECLOSED UPON OR REPOSSESSED IN THE LAST 7 YEARS, OR BEEN A PARTY IN A LAWSUIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A CO-MAKER, CO-SIGNER OR GUARANTOR ON ANY LOANS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

	NAME AND ADDRESS OF CREDITOR	BALANCE	MONTHLY PAYMENT
AUTOMOBILE		\$	\$
CREDIT CARD		\$	\$
OTHER		\$	\$

CREDIT DISCLOSURES

LINE OF CREDIT/OVERDRAFT PROTECTION: LINE OF CREDIT LOANS ARE ESTABLISHED WITH A MONTHLY PAYMENT DUE AT THE END OF THE MONTH PAYABLE BY AUTOMATIC TRANSFER. ATTACH ADDITIONAL SHEET IF NECESSARY.

SHARE SECURED LOANS: SHARE SECURED LOANS WILL BE REVIEWED ANNUALLY ON THE ANNIVERSARY DATE AND THE INTEREST RATE ADJUSTED IF NECESSARY.

VISA CREDIT CARDS

ANNUAL PERCENTAGE RATE FOR PURCHASES	ANNUAL MEMBERSHIP FEE	GRACE PERIOD FOR PURCHASES	METHOD OF COMPUTING THE BALANCE FOR PURCHASES	LATE PAYMENT FEE	OVER THE LIMIT FEE	CASH ADVANCE FEE
AS LOW AS 9.90% **	NONE	25 DAYS *	AVERAGE DAILY BALANCE INCLUDING NEW PURCHASES*	\$10	\$10	NONE

At the date this application was revised (shown in the lower right-hand corner - this side) the information listed above was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to the business reply address shown on the reverse side.

*A Finance Charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within that 25-day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment if more than 25 days from the closing date. The Finance Charge for a billing cycle is computed by applying the monthly Periodic Rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges. **A finance charge will be assessed on cash advances from the date of the cash advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is made.** ****The rate is based upon your individual credit history. FICO score of 730 & over for 9.90%. Contact the credit union for details.**

SIGNATURES (S) PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/we agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/we agree to be bound by the terms and conditions of the loan. I/we authorize the credit union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. I/we understand that the credit union will rely on the information in this application and our credit report to make its decision. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to state chartered credit unions insured by NCUA. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. **Security Agreement and Pledge.** By signing this this application, acceptance or authorized use of any credit 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 credit card(s) will also secure this account.

APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
---------------------	------	------------------------	------