

CONSUMER LOAN APPLICATION

****Please return with two recent pay stubs**

Application Taken By: Telephone Mail Fax



501 Industrial Highway
Ridley Park, PA 19078
Phone: 610-595-2929
Fax: 610-595-2933
Toll Free: 888-595-2920
www.bhcu.org

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	MSR	DATE
LOAN INFORMATION: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Co-signer Amount _____ Purpose _____ Term _____ DESCRIPTION OF COLLATERAL _____ INSTALLMENT LOAN APPLIED FOR: <input type="checkbox"/> Used Auto <input type="checkbox"/> Personal (Unsecured) <input type="checkbox"/> Other _____ <input type="checkbox"/> New Auto <input type="checkbox"/> Share Secured General Purpose: _____			

APPLICANT

CO-SIGNER

FIRST NAME	INITIAL	LAST NAME	SR., JR., I, II
SOCIAL SECURITY NUMBER		BIRTH DATE	
CURRENT STREET ADDRESS		APT. NO.	SINCE
CITY		COUNTY	
STATE	ZIP	TELEPHONE	
MO. RENT OR MORTGAGE PMT.	HOW LONG AT ADDRESS?	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	<input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER
	YRS. MO.		
HOMEOWNERS; PLEASE INDICATE NAME(S) ON DEED	PURCHASE PRICE	APPROXIMATE VALUE	
	\$	\$	

CO-APPLICANT / SPOUSE

FIRST NAME	INITIAL	LAST NAME	SR., JR., I, II
SOCIAL SECURITY NUMBER		BIRTH DATE	
CURRENT STREET ADDRESS		APT. NO.	SINCE
CITY		COUNTY	
STATE	ZIP	TELEPHONE	
MO. RENT OR MORTGAGE PMT.	HOW LONG AT ADDRESS?	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	<input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER
	YRS. MO.		
HOMEOWNERS; PLEASE INDICATE NAME(S) ON DEED	PURCHASE PRICE	APPROXIMATE VALUE	
	\$	\$	

EMPLOYMENT AND INCOME If self-employed check here and attach two years federal income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		SINCE (SENIORITY DATE)
ADDRESS		
WORK TELEPHONE	POSITION	MO. GROSS INCOME
		\$
SUPERVISORS NAME	SUPERVISORS TELEPHONE	

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		SINCE (SENIORITY DATE)
ADDRESS		
WORK TELEPHONE	POSITION	MO. GROSS INCOME
		\$
SUPERVISORS NAME	SUPERVISORS TELEPHONE	

OTHER INCOME You need not list income from alimony, child support or separate maintenance payments unless you want it considered in evaluating this credit application.

SOURCE OF OTHER INCOME	MONTHLY AMOUNT
	\$

SOURCE OF OTHER INCOME	MONTHLY AMOUNT
	\$

You warrant that everything you have stated in this application is the truth and is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. You hereby authorize the credit union, our employees and agents to investigate and verify any information provided to us by you. You further authorize the credit union to check your employment and credit history and to obtain credit reports in connection with this application for credit and any update, renewal, or extension of credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to State Chartered Unions insured by the NCUA.

<input type="checkbox"/> APPLICANT <input type="checkbox"/> CO-SIGNER SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
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PAYOFF AUTHORIZATION FORM

I (We) request that the Credit Union make payment(s) to the payee(s) and in the amount(s) as designated below.

Payee	Amount	Account Number
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

OPTIONAL CREDIT INSURANCE

Credit Life and/or Credit Disability Insurance is not required to obtain credit under this plan and will be included only if requested immediately below by the APPLICANT.

PLEASE CHECK ONE OR MORE OF THE BOXES.

- You apply for Credit Disability – single coverage
- You apply for Credit Life Insurance – single coverage
- Joint coverage (if joint coverage is applied for, Spouse must co-sign promissory note).
- You do not want Credit Insurance

Applicant's Signature _____ Date _____

BHCU OFFERS IT'S MEMEBERS THE FOLLOWING SERVICES:

- IRA'S ATM VISA
- DIRECT DEPOSIT
- SHARE DRAFTS (CHECKING)
- TERM CERTIFICATION (CD)

Visit our office for details!

PHONE. (610) 595-2929
TOLL FREE. 1-888-595-2920
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