

Edco Federal Credit Union
Credit Application

Date _____ Amount of Credit Requested _____ Account # _____ Type of Loan _____
Loan Purpose _____
Credit Life or Disability Insurance is not required to obtain this loan.

Do you wish to purchase credit life insurance Yes No Do you wish to purchase disability insurance Yes No

Please attach a current copy of pay stub (Required)

Applicant: Last Name _____ First _____ Initial _____
Social Security _____ Birth date ____/____/____ Home Phone (____) _____ Work Phone (____) _____
Address _____ City _____ State _____ Zip Code _____
Years at this address _____ Own Rent Number of dependents _____ Mother's Maiden Name _____
Employer Name _____ Years Employed _____ Occupation _____
Address _____ City _____ State _____ Zip Code _____
Gross Wages (Fill in one) Per hour _____ Per Week _____ Per month _____ Years employed _____ Mo. _____

If there are other sources of income you would like us to consider, please list the income, source and person to whom we can write for confirmation. Income from alimony, child support need not be revealed if you do not choose to rely upon such income in applying for credit.

Other Income _____ Source _____

Co-Applicant: Last Name _____ First _____ Initial _____
Social Security _____ Birth date ____/____/____ Home Phone (____) _____ Work Phone (____) _____
Address _____ City _____ State _____ Zip Code _____
Years at this address _____ Own Rent Number of dependents _____ Mother's Maiden Name _____
Employer Name _____ Years Employed _____ Occupation _____
Address _____ City _____ State _____ Zip Code _____
Gross Wages (Fill in one) Per hour _____ Per Week _____ Per month _____ Years employed _____ Mo. _____

Debts

Applicant	Co-Applicant	Type	Creditor Name	Acct#	Balance	Payment
<input type="checkbox"/>	<input type="checkbox"/>	<u>Rent/Mortgage</u>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<u>Auto</u>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____

Financial Institution _____ (Savings#) _____ (Checking #) _____

Nearest Relative (not living with you) Name _____ Relation _____

Address _____ Phone (____) _____

Have you ever been bankrupt _____ When? _____

I hereby authorize the Credit Union to whom this application is made, or any Credit Bureau or other investigative agency employed by such Credit Union, to investigate the references herein listed or statements or other data obtained from me or from any other source whatsoever pertaining to my credit and financial responsibility. The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Applicant _____ Co-Applicant _____ Date _____