



North Tonawanda Community Federal Credit Union
160 Ward Road – North Tonawanda NY 14120
Phone – 716-695-1829 Fax – 716-695-0546 Email – ntfcu@verizon.net
LOAN APPLICATION

Please return completed and signed application with proof of income, to the credit union office.

Individual Credit: Please complete the **Applicant** section.

Joint Credit: If you are applying with another person, spouse or are relying on spouses' income as a basis for repayment, please complete **Applicant** and **Other** sections.

Guarantor: Please complete the **Other** section if you are a guarantor on this loan.

Amount Requested: \$ _____ Purpose: _____ Individual: _____ Joint: _____

Repayment: Payroll Deduction Cash Transfer Direct Deposit Payment

Insurance: Single Credit Disability Single Credit Life Joint Credit Life

Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election, which discloses the terms and conditions must be signed for coverage to become effective.

APPLICANT: **OTHER:** Co-Applicant Spouse Guarantor

NAME: (Last – First – Initial)	ACCOUNT #:	NAME: (Last – First-- Initial)	ACCOUNT #:
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ADDRESS: (Street – City – State- Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	ADDRESS: (Street – City – State- Zip)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
	YEARS AT THIS ADDRESS:		YEARS AT THIS ADDRESS:

DRIVER'S LICENSE #:	SOCIAL SECURITY #:	DRIVER'S LICENSE #:	SOCIAL SECURITY #:
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BIRTH DATE:	MOTHER'S MAIDEN NAME:	BIRTH DATE:	MOTHER'S MAIDEN NAME:
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# OF DEPENDENTS:	# OF DEPENDENTS:	# OF DEPENDENTS:	# OF DEPENDENTS:
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HOME PHONE:	WORK PHONE:	HOME PHONE:	WORK PHONE:
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INCOME **INCOME**

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

EMPLOYMENT INCOME: _____ OTHER: _____

\$ _____ Per _____ \$ _____ Per _____
 Net Gross Net Gross

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

MARRIED SEPARATED UNMARRIED

NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

EMPLOYMENT INCOME: _____ OTHER: _____

\$ _____ Per _____ \$ _____ Per _____
 Net Gross Net Gross

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:

MARRIED SEPARATED UNMARRIED

EMPLOYER **EMPLOYER**

NAME AND ADDRESS OF EMPLOYER:	NAME AND ADDRESS OF EMPLOYER:
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POSITION:	START DATE:	HOURS AT WORK:	POSITION:	START DATE:	HOURS AT WORK:
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SUPERVISOR'S NAME:	TYPE OF BUSINESS:	SUPERVISOR'S NAME:	TYPE OF BUSINESS:
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PREVIOUS EMPLOYER **PREVIOUS EMPLOYER**

NAME AND ADDRESS OF PREVIOUS EMPLOYER:	START DATE/END DATE:	NAME AND ADDRESS OF PREVIOUS EMPLOYER:	START DATE/END DATE:
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MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE: _____	MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE: _____
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ENDING/SEPARATION DATE: _____	ENDING/SEPARATION DATE: _____
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MUST BE RETURNED WITH APPLICATION
(See details of coverage on back)

North Tonawanda Community Federal Credit Union

160 Ward Road
North Tonawanda, NY 14120-6926
Phone Number (716) 695-1829 Fax (716) 695-0546

Election or Waiver of Coverage

North Tonawanda Community Federal Credit Union offers **Member's Choice™** decreasing term life and disability payment protection products from the CUNA Mutual Group. I have been advised that these payment protection products are available to insure my loan.

Disability Payment Protection (Member Only)

Yes No

Life Payment Protection

Yes No (Member)

Yes No (Co-Borrower)

I understand that I may apply for this coverage's at a later date if not elected, but a Statement of Insurability will be required.

I also understand that if I die or become disabled, the payment protection products that could keep my loan payments current, protect collateral, and avoid passing the burden to loan repayment to my family, will **not** be in effect unless **YES** is selected above. Failure to keep payments current can lead to delinquency charges, repossession, and damage to my credit history.

Member Signature

Date

Loan Number _____
(To be completed by Credit Union)

Loan Date _____
(To be completed by Credit Union)

CUNA Mutual Group
Cuna Mutual Insurance Society
Madison, WI – Pomona, CA – Bingham Farms, MI

(To elect - ✓ Yes)

NORTH TONAWANDA COMMUNITY FEDERAL CREDIT UNION

160 Ward Road
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Phone (716) 695-1829

CREDIT DISABILITY

CREDIT LIFE

WHAT IS IT?	Voluntary insurance for members with loans. It makes loan payments directly to the credit union when a member is incapacitated due to sickness, accident, or disability and under a doctor's care. It is not affected by any other insurance the member may have.	Voluntary insurance for members with loans. It pays off the outstanding loan balance and up to six months delinquent interest on the date of death. It is not affected by any other policy the member may have.
MAXIMUMS:	\$30,000 <i>per loan</i> 120 <i>months</i> \$600 <i>month</i> 66 <i>age</i>	\$30,000 <i>per loan</i> 120 <i>months</i> 70 <i>age</i>
BENEFITS PAID:	Benefits begin effective the 31 st day of disability after the member satisfies a 30 day waiting period	Upon death.
EXCLUSIONS:	Pre-existing condition: We will not pay a claim that occurs within the first 6 months of the loan for which the member had been treated in the 6 months prior to the loan date. <u><i>Pre-existing condition does not apply to new money advanced when refinancing a closed-end loan, only on the initial loan.</i></u>	
INSURANCE STOPS:	The date the loan stops; the last day of the month the member stops the insurance; on the date of death.	<i>Same</i>

CUNA MUTUAL GROUP

Member Identification Program

07/08

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identify documents.

- (1) **Minimum Information Requirements.** The credit union must obtain from members and account signers, when a new account is opened or a signer is added the following information:
 - (a) Member's mailing and physical address
 - (b) Member's date of birth
 - (c) Member's social security number or passport number

- (2) **Information Verification Requirements:** The credit union must document and maintain the information obtained to verify identity. The member must be advised that the credit union is requesting this information for the purpose of identity verification.
 - (a) Member's Drivers License (Parent/Guardian's
 - (b) Passport or Registered Alien Papers
 - (c) Member's Birth Certificate
 - (d) Other Picture ID
 - (e) Credit Report – Required for 18 years and older
 - (f) Member Eligibility Verified

- (3) **Comparison with Government Lists:** The credit union must determine if the member or account signer is on any government listing showing known or suspected terrorists or terrorist organization (OFAC). If on that list, the credit union will comply with all government directives issued in connection with the lists.

- (4) **Document Retention:** The credit union will permanently retain documents in the member folder.

Member's permission to obtain a credit report: YES NO

Member Signature

Date