

A table that includes required credit card disclosures is on a separate document provided with this Application. To obtain any change in the required information since it was printed, please write to us at Mountain Credit Union, 38 Maple St., Waynesville, NC, 28786-3207

<p>Married Applicants: May apply for a separate account.</p> <p>Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if:</p> <ol style="list-style-type: none"> you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI), your spouse will use the account, or you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the Other section to the extent possible about the person on whose payments you are relying. <p>Joint Credit: Each Applicant must individually complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.</p> <p>Guarantor: Complete the Other section if you are a guarantor on an account/loan.</p>			
<p><input type="checkbox"/> LOANLINER Account/Loan: <input type="checkbox"/> Individual <input type="checkbox"/> Joint (Including ATM/Debit Card Access to the Account if Available)</p> <p>Amount Requested \$ _____</p> <p>Purpose/Collateral: _____</p> <p>Repayment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Cash <input type="checkbox"/> Military Allotment <input type="checkbox"/> Automatic Payment</p>		<p><input type="checkbox"/> Credit Card Account: <input type="checkbox"/> Individual <input type="checkbox"/> Joint</p> <p>Credit Limit Requested \$ _____</p> <p>If Authorized User, Name: _____</p>	
<p>PAYMENT PROTECTION Are you interested in having your loan protected? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.</p>			
APPLICANT		OTHER <input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	
NAME _____		NAME _____	
ACCOUNT NUMBER _____		ACCOUNT NUMBER _____	
SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____	SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER/STATE _____
AGES OF DEPENDENTS _____	EMAIL ADDRESS _____	AGES OF DEPENDENTS _____	EMAIL ADDRESS _____
BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____		BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____	
PRESENT ADDRESS (Street - City - State - Zip) _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____	PRESENT ADDRESS (Street - City - State - Zip) _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____
PREVIOUS ADDRESS (Street - City - State - Zip) _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____	PREVIOUS ADDRESS (Street - City - State - Zip) _____	<input type="checkbox"/> OWN <input type="checkbox"/> RENT LENGTH AT RESIDENCE _____
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)	
EMPLOYMENT/INCOME		EMPLOYMENT/INCOME	
NAME AND ADDRESS OF EMPLOYER _____		NAME AND ADDRESS OF EMPLOYER _____	
TITLE/GRADE _____	START DATE _____ HOURS AT WORK _____	TITLE/GRADE _____	START DATE _____ HOURS AT WORK _____
SUPERVISOR'S NAME _____	IF SELF EMPLOYED, TYPE OF BUSINESS _____	SUPERVISOR'S NAME _____	IF SELF EMPLOYED, TYPE OF BUSINESS _____
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.	
EMPLOYMENT INCOME \$ _____ Per _____	OTHER INCOME \$ _____ Per _____	EMPLOYMENT INCOME \$ _____ Per _____	OTHER INCOME \$ _____ Per _____
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE _____	<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE _____
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____		MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ ENDING/SEPARATION DATE _____	
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____	STARTING DATE _____ ENDING DATE _____	PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS _____	STARTING DATE _____ ENDING DATE _____
REFERENCE		REFERENCE	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____		NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____	
	RELATIONSHIP _____ HOME PHONE _____		RELATIONSHIP _____ HOME PHONE _____

