

# Installment Credit Application

Secured  Unsecured  Individual  Joint

How did you hear about us?  Already a Member

Referral  TV  Radio  Newspaper  ATM  Website  Facebook

Description of collateral offered: \_\_\_\_\_

Amount Required		Term	Payment Date Required		Reason for Loan	
Primary Applicant Name (Last, First, MI)				Joint Applicant Name (Last, First, MI)		
Birthdate	MICU Account #	Social Security #		Birthdate	MICU Account #	Social Security #
Street Address, City, State, ZIP				Street Address, City, State, ZIP		
Own or Rent?		How long?		Own or Rent?		How long?
\$ _____ per month				\$ _____ per month		
If less than 3 years, previous address:				If less than 3 years, previous address:		
Street Address, City, State, ZIP				Street Address, City, State, ZIP		
Own or Rent?		How long?		Own or Rent?		How long?
\$ _____ per month				\$ _____ per month		
Work phone	Cell/Home phone	E-Mail Address		Work phone	Cell/Home phone	E-Mail Address
Best number to reach you?	Work	Cell/Home		Best number to reach you?	Work	Cell/Home
Employer				Employer		
Employer Address		Job Title		Employer Address		Job Title
How long employed?	How often paid?	Gross per pay period?		How long employed?	How often paid?	Gross per pay period?
Other sources of income:					Amount Per Month:	
Assets – List any real estate, auto, life insurance, marketable securities, other:				Balance	Value	
				\$	\$	
				\$	\$	
Debts – List mortgage/rent amount, installment loan, credit cards, etc.				Balance	Payment Per Month	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
Are you obligated to pay alimony, support or maintenance?				Yes	Amount \$	
Are you a co-signer, endorser or guarantor on any loan or contract?				Yes	No	No
<b>Personal References</b>						
Name and address of nearest relative not living with you		Relationship			Phone Number	
Name and address of another personal reference		Relationship			Phone Number	

**Insurance to cover your loan:** This insurance is voluntary and not required in order to obtain this loan. However, it is a good protection in addition to your other insurance. If you elect insurance, you authorize the credit union to add the charges to your loan each month. You must be working for wages or profit a minimum of 25 hours a week on the initial loan date. If not, you will not be insured until you resume work. Your eligibility for the insurance ends at age 66 for disability and age 70 for the life insurance. This insurance will NOT cover pre-existing conditions.

**Credit Life Insurance:**  Single  Joint | **Credit Disability Insurance:**  Single  Joint

**To ensure consideration of this loan request,**  
 please sign the Authorization to Release Information form on the reverse side of this application.



# MID·ILLINI CREDIT UNION

## WHERE DIFFERENT | IS BETTER

[www.midillnicu.com](http://www.midillnicu.com)

### Authorization to Release Information:

By signing below: I/we authorize you to provide to Mid-Illini Credit Union any and all information and documentation they request.

Such information includes, but is not limited to, financial institution account information, insurance coverage, employment history and income, credit history, and copies of income tax returns.

I/we authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received.

I/we acknowledge that everything we have stated is true.

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Borrower

\_\_\_\_\_  
Date



PO Box 1266, Bloomington, IL 61702

