

Installment Credit Application

Secured Unsecured Individual Joint

How did you hear about us? Already a Member

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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 |
| Personal References | | | | | | |
| 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

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

