



Telcoe Federal Credit Union
PO BOX 34200
LITTLE ROCK, AR 72203
800-482-9009
www.telcoe.com

<u>Forms Sent to Member</u>	
Application/Agreement/TIL	_____
Payroll card	_____
Security Agreement	_____
Other	_____

THANK YOU FOR YOUR LOAN REQUEST

Please fill out the following application **COMPLETELY** and mail it back with a **copy of your most recent paystub or bank statement showing monthly reoccurring income.**

You have applied for a(n) _____ loan in the amount of \$ _____

For the purpose of _____.

Please choose how you would like your loan disbursed:

_____ Mail check to : _____

_____ Call to pickup at our _____ branch: Phone number _____

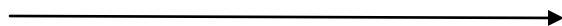
_____ Deposit to your Telcoe account: _____ SHARES _____ DRAFT

Should you have any questions when completing your application, please call our office at

501-375-5321 or 1-800-482-9009.

NOTES:(To be completed by Telcoe FCU Employee)

PLEASE COMPLETE FRONT/BACK OF EACH PAGE



CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

MEMBER NUMBER – APPLICANT	MEMBER NUMBER – CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:
Married Separated Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for individual credit. Indicate if You would like:
Individual Credit Joint Credit with Your Spouse/Co-Applicant

3. Method of Payment: Payroll Deduction Automatic Share Transfer Cash Payment

4. Frequency of Payment: Weekly Bi-Weekly Semi-Monthly Monthly

5. Complete Spouse/Co-Applicant Information only if:
a. This is for joint credit with Your Spouse or other Co-Applicant;
b. Your Spouse will use Your Account;
c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or
d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).

6. Definitions:
Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We", "Us", and "Our" refer to the Lender.

Credit Applied For:
Type of credit _____ Amount Requested \$ _____ Refinanced Amount \$ _____ Total Request \$ _____
Purpose _____ Collateral Offered _____ Value: \$ _____

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (800) 482-9009, or by writing to Us at 820 Louisiana Street, Little Rock, AR 72201.

APPLICANT/GUARANTOR

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
COUNTY	DRIVERS LICENSE NUMBER	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE
DO YOU: OWN RENT OTHER	HOME TELEPHONE	NO. OF DEP. AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
COUNTY	DRIVERS LICENSE NUMBER	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE
DO YOU: OWN RENT OTHER	HOME TELEPHONE	NO. OF DEP. AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

EMPLOYMENT AND INCOME If self-employed, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS SALARY
FORMER EMPLOYER	POSITION	YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS SALARY
FORMER EMPLOYER	POSITION	YEARS THERE

OTHER INCOME Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered. (Proof Required)

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

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NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME AND ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CHECKING				
SAVINGS				
YR. - MAKE - MODEL			BALANCE OWED	
YR. - MAKE - MODEL			BALANCE OWED	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	

TYPE	BANK (OR OTHER) NAME AND ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CHECKING				
SAVINGS				
YR. - MAKE - MODEL			BALANCE OWED	
YR. - MAKE - MODEL			BALANCE OWED	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	

Initials _____

