



971 Corporate Boulevard  
Linthicum, MD 21090-2337

# Loan Application

Amount Requested: \$	Loan Type: <input type="checkbox"/> Vehicle Loan (auto, boat, RV, motorcycle, Pers. Watercraft) Choose One: New _____ Used _____ Refinance _____ <input type="checkbox"/> Deposit Secured Loan <input type="checkbox"/> Unsecured Line of Credit <input type="checkbox"/> Signature Loan - Purpose _____ <input type="checkbox"/> Credit Card - Mother's Maiden Name
-------------------------	---

Vehicle Requests Only - Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

## Section 1: Joint Intent: Appropriate box must be checked below.

**CHECK ONE:** **Joint Intent**

If you are applying for individual credit in your own name and are relying on your own income or assets for repayment of the credit requested, complete only section 2 "Borrower Information", check all appropriate information on additional pages and sign the application:

If you are applying for joint credit with another person, **BOTH APPLICANTS MUST INITIAL HERE**, complete both Sections 2 and 3 below, check all appropriate information on additional pages and sign the application:

We intend to apply for joint credit: Borrower's Initials \_\_\_\_\_ Co-Borrower's Initials \_\_\_\_\_

## Section 2. Borrower Information

Applicants Name (Last, First, Middle)				Member Number:	Social Security No.
Date of Birth	Home Telephone No.	Drivers License No.	Issued	Expires	Email Address:

Citizenship Status:  U.S. Citizen  Permanent Resident Alien  Non-Permanent Resident Alien, list type of Visa:

Present Address (Street, City, State & Zip)	How Long At Current Address? Yrs. Mos.	Monthly Payments \$ (including taxes and insurance) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____
Previous Address (Street, City, State & Zip), If at present address less than 2 yrs.	How Long At Previous Address? Yrs. Mos.	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____

Applicants Current Employer or Name of Business	Business Telephone No.
---	------------------------

Address of Current Employer (Street, City, State & Zip)	Length of Employment Yrs. Mos.
---	-----------------------------------

Position or Title	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed	Annual Income \$	*Other Income \$	Source of Other Income
-------------------	---	---------------------	---------------------	------------------------

Previous Employer (If at Present Job Less Than 2 Years)	Position or Title	Length of Employment Yrs. Mos.
---	-------------------	-----------------------------------

\* NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

## Section 3. Co-Borrower Information

Co-Applicants Name (Last, First, Middle)				Member Number:	Social Security No.
Date of Birth	Home Telephone No.	Drivers License No.	Issued	Expires	Email Address:

Citizenship Status:  U.S. Citizen  Permanent Resident Alien  Non-Permanent Resident Alien, list type of Visa:

Present Address (Street, City, State & Zip)	How Long At Current Address? Yrs. Mos.	Monthly Payments \$ (including taxes and insurance) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____
Previous Address (Street, City, State & Zip), If at present address less than 2 yrs.	How Long At Previous Address? Yrs. Mos.	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____

Co-Applicants Current Employer or Name of Business	Business Telephone No.
--	------------------------

Address of Current Employer (Street, City, State & Zip)	Length of Employment Yrs. Mos.
---	-----------------------------------

Position or Title	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed	Annual Income \$	*Other Income \$	Source of Other Income
-------------------	---	---------------------	---------------------	------------------------

Previous Employer (If at Present Job Less Than 2 Years)	Position or Title	Length of Employment Yrs. Mos.
---	-------------------	-----------------------------------

\* NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

**Section 4. For VISA® Applicants Only - Visa Disclosure**

ANNUAL PERCENTAGE RATE (APR) for Purchases, Balance Transfers and Cash Advances	Platinum VISA ScoreCard <b>10.99% to 18.99%</b> When you open your account based on creditworthiness. Student Card <b>13.99%</b> Secured Card <b>10.99%</b> After that, your APR will vary with the market based on the Prime Rate.
How to Avoid Paying Interest on Payments	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
For Credit Card Tips From The Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at: <a href="http://www.federalreserve.gov/creditcard">http://www.federalreserve.gov/creditcard</a> .
<b>Fees</b>	
Set-up And Maintenance Fees Annual Fee	None
Transaction Fees Balance Transfer Cash Advance Foreign Transaction Fee	None None Up to 1% of each transaction in U.S. Dollars
Penalty Fees Late Payment Returned Payment	Up to \$25.00 Up to \$15.00

The minimum payment will be either 2.5% of your total new balance or \$20, whichever is greater. Rates disclosed are effective as of 4/1/11. You may call 1-800-TRY-SECU to verify current rates.  
**How We Will Calculate Your balance:** We use a method called "Average Daily Balance (including new Purchases)". See your account agreement for more details  
**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

**Section 5. VISA® Applications (if applicable):**

**A. Balance Transfer Request**

(Complete this section to transfer balances from another credit card to your new SECU VISA® credit card)

Creditor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Creditor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Creditor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Creditor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**B. Request Additional Card for Authorized User:**

Please issue an additional card in the name of: \_\_\_\_\_  
 You authorize the named person to use the card and accept full responsibility for all charges and cash advances as if you had made them.

**Section 6. Credit Insurance Disclosure – OPEN END LOANS (Lines of Credit and Visa)**

**A. NOTICE TO BORROWER(S)**

Credit Life: Single Coverage  Yes  No The rate per \$1,000 of insured balance is \$ .38  
 Credit Life: Joint Coverage  Yes  No The rate per \$1,000 of insured balance is \$ .70  
 Credit Disability: Single Coverage  Yes  No The rate per \$1,000 of insured balance is \$ 1.22

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of the plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit and that I (we) may terminate it at any time. I (we) also agree that:

- If life insurance is selected, I am presently under age 70. **In no event is life insurance coverage to remain in force beyond the date you reach age 70. Please read the "When does your insurance terminate?" provision.**
- If joint life insurance is selected, we are eligible if we are spouses and if the older borrower is presently under age 70. **In no event is joint life insurance coverage to remain in force beyond the date the older of the two of you reaches age 70. Coverage will terminate on both of you. Please read the "When does your insurance terminate?" provision.** We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance.
- I, the primary borrower, am eligible for disability insurance if I am presently under age 66. **In no event is disability insurance coverage to remain in force beyond the date you reach age 66. Please read the "When does your insurance terminate?" provision.**
- A person signing this application as co-borrower is not eligible for disability insurance.

**If I (we) am (are) applying for more than \$15,000 of insurance, the following questions must be answered to determine my (our) eligibility for insurance:**

PRIMARY CO-BORROWER  
 BORROWER (JOINT LIFE ONLY)

Yes No Yes No

1. During the last two years, have you been advised or treated for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, Acquired Immune Deficiency syndrome (AIDS or AIDS Related Complex (ARC)?
2. (Applicable to Disability Insurance only) Are you presently working outside the home for wages or profit for 30 hours or more per week and have you been so working for 30 days or more immediately prior to this date?

My (our) answers to the above questions are true to the best of my (our) knowledge and belief.

The effective date of my (our) insurance will be the date of this application, the date the eligible loan is disbursed, or the date the note evidencing the loan is signed, whichever date is later.

**THIS INSURANCE COVERAGE WILL TERMINATE IF THE GROUP INSURANCE POLICY TERMINATES.  
 THE INSURANCE BENEFITS MAY NOT FULLY REDUCE OR PAY OFF THE LOAN.  
 THE DISABILITY INSURANCE BENEFIT MAY NOT COVER THE ENTIRE SCHEDULED LOAN PAYMENT.  
 THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.**

PRIMARY BORROWER SIGNATURE <b>X</b>	DATE	CO-BORROWER SIGNATURE <b>X</b>	DATE
--	------	-----------------------------------	------

**Section 7. Credit Insurance Disclosure – VEHICLE LOANS**

**B. PAYMENT PROTECTION on CLOSED END LOANS (Vehicle and Signature Loans)**

I am interested in coverage to protect my loan.  Yes  No

Insurance on closed end loans is calculated separately. To be eligible, you must be under age 70 for Credit Life coverage and under age 66 for Credit Disability coverage on the scheduled maturity date of your loan.

**C. MECHANICAL BREAKDOWN INSURANCE for VEHICLES**

Insurance that covers auto repairs after the manufacturer's warranty expires  Yes  No as well as towing and rental car expenses. Please ask for pricing.

**D. GUARANTEED ASSET PROTECTION (GAP) \$350**

Fully protects you by covering the "gap" between what you owe on your  Yes  No auto loan and the amount your insurance will cover, in the event your vehicle is deemed a total loss. See "GAP" policy for specific coverage details.

**Section 8. Vehicle Insurance Agreement /Information (for vehicle loans):**

You agree to maintain adequate insurance coverage throughout the term of the loan to include comprehensive and collision insurance. SECU must be listed as "Loss Payee". You understand that if you change insurance providers, SECU must be notified.

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Collision Deductible: \$ \_\_\_\_\_  
Agent Name \_\_\_\_\_ Agent's Phone No. \_\_\_\_\_

**Section 9. Application Agreement**

You agree that everything stated in both pages of this application, whether oral, written or through facsimile (fax) machine, is true and correct to the best of your knowledge. You expressly authorize State Employees Credit Union of Maryland, Incorporated (SECU) or its agent to investigate your creditworthiness, employment history (work record) or any other information, and to obtain your credit report now and hereafter and to report your credit experience with us to others. If you elected automatic loan payments, you authorize SECU to adjust the withdrawal amount to reflect any periodic changes (if applicable) in your loan payment; you understand that you must make loan payments until the automatic payment begins. If you elected direct loan payments, you agree that you are responsible and hold SECU harmless for all fees assessed as a result of this agreement. The direct loan payment authorization is to remain in full force and effect until SECU has received written notification from you (or from any owner of the account) of its termination in such time and in such manner as to afford SECU and/or the Depository Financial Institution a reasonable opportunity to act on it. The vehicle insurance agreement is incorporated herein by reference. You understand that any false or misleading statements in your application may cause the loan to be in default. You understand that it is a federal crime, punishable by fine or imprisonment or both, to knowingly make any false statements of any of the above facts under the provisions of the United States Criminal Code.

**If there are any important changes, you will notify us in writing immediately. You agree to notify SECU of any change in your name, address or employment within a reasonable time thereafter.** You agree that this application is the credit union's property whether or not this credit application is approved. As security for any advance to you or on your behalf, you pledge to the credit union all present and future shares or deposits you have in any account in the credit union in which you have interest, excepting those accounts that may have an adverse tax consequence if pledged as security. If you applied for and are approved for any SECU Visa® credit card, by signing below, or permitting another to use the credit card(s), you agree to be bound by the Visa® agreement incorporated herein by reference, accompanying the credit card(s).

**Consensual Security Interest**

**X** \_\_\_\_\_ **INITIAL and complete for credit card.**

As security for any advance to you or on your behalf (including purchases and cash advances on any SECU Visa® credit card), you grant to SECU a consensual security interest in all present and future shares or deposits you have in SECU Account No. \_\_\_\_\_

(please circle one account type: Savings **OR** Money Manager),

excepting those accounts that may have an adverse tax consequence if pledged as security.

**X** \_\_\_\_\_ (Seal) \_\_\_\_\_  
Borrower's Signature Date

**X** \_\_\_\_\_ (Seal) \_\_\_\_\_  
Co-Borrower's Signature Date