

## FRONT ROYAL FEDERAL CREDIT UNION

230 North Royal Ave Front Royal, VA 22630 540-635-7133



 Please complete front and back of application HOW TO Sign on back page **APPLY**  Return completed application to credit union An incomplete or unsigned application may delay processing Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if: 1. 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), 2. your spouse will use the account, or 3. 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. Joint Credit: Each Applicant must individually complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box. Guarantor: Complete the Other section if you are a guarantor on an account/loan. Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account. LOANLINER® Account/Loan: 

Individual 
Joint Amount Requested \$\_\_\_\_\_\_ Purpose/Collateral: \_\_\_\_\_ (Including ATM/Debit Card Access to the Account if Available) ☐ Payroll Deduction ☐ Cash Repayment: Automatic Payment Military Allotment Check coverage(s) desired. The credit union will disclose the cost of this Single Credit Disability Insurance Single Credit Life Insurance **Payment** voluntary insurance to you. A separate insurance election which discloses Joint Credit Life Insurance **Protection** the terms and conditions must be signed for coverage to become effective. Applicant Co-Applicant Spouse Other: Guarantor NAME (Last - First - Initial) NAME (Last - First - Initial) ACCOUNT NUMBER SOCIAL SECURITY NUMBER ACCOUNT NUMBER SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER / STATE LIST AGES OF DEPENDENTS NOT LISTED DRIVER'S LICENSE NUMBER / STATE LIST AGES OF DEPENDENTS NOT LISTED BY OTHER APPLICANT (Exclude Self) BY APPLICANT (Exclude Self) **BIRTH DATE** HOME PHONE BIRTH DATE BUSINESS PHONE/ EXT. HOME PHONE BUSINESS PHONE/ EXT. E-MAIL ADDRESS E-MAIL ADDRESS PRESENT ADDRESS (Street - City - State - Zip) PRESENT ADDRESS (Street - City - State - Zip) RENT OWN RENT YEARS AT THIS **ADDRESS** RENT YEARS AT THIS **ADDRESS** CREDIT OR IF YOU LIVE IN A COMMUNITY UNMARRIED (Single - Divorced - Widowed)

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