

I am applying for a loan from MSUFCU for the purpose of \_\_\_\_\_  
 Term Requested \_\_\_\_\_ Amount Requested \_\_\_\_\_

**The following table shows examples of terms and  
payment amounts for a signature loan at 11.90% APR**

A 12 month loan for \$1,000 at 11.90% APR = a payment of \$89.07  
 A 24 month loan for \$1,000 at 11.90% APR = a payment of \$47.03  
 A 36 month loan for \$1,000 at 11.90% APR = a payment of \$33.18  
 A 48 month loan for \$1,000 at 11.90% APR = a payment of \$26.29

Call (517) 333-2424 for information about a home equity loan.

Credit Union Account Number		Social Security Number		Date of Birth (Month/Day/Year)	
Applicant Full Name—First, Middle Initial, Last			Home Phone ( )	Work Phone ( )	Ext.
Residence Address	Apt. No.	City/Town	State	ZIP	
Employer Name	Date Employed	Position	Gross Monthly Income \$		
You are not required to disclose income from alimony, child support or maintenance, but if you want it considered in connection with this application, complete the following:			<input type="checkbox"/> Alimony	<input type="checkbox"/> Child Support	Payor:
			Amount \$		
Joint Applicant Full Name—First, Middle Initial, Last		Joint Applicant Initials	<small>If placing my initials here I agree that I am applying for a joint loan.</small>	Social Security Number	
Employer Name		Date Employed	Position		
Gross Monthly Income \$		Date of Birth (Month/Day/Year)	Work Phone ( )	Ext.	

I/We hereby apply for an MSUFCU loan. I/We hereby give authorization to my/our employer(s) to release any employment verification to the credit union. I/We hereby authorize the credit union to check my/our credit and employment history and to answer any questions about the credit union's credit experience with me/us.

I have read this application and everything I have stated is true. I am at least 18 years of age and either a United States citizen or a permanent resident of the U.S. I authorize MSUFCU to review my credit and employment histories and any other information in order to process this application, service my account and manage its relationship with me. I authorize MSUFCU to share with others, to the extent permitted by law, information about me and my account and its credit experience with me. In addition, I may as a member later indicate a preference to exempt my account from some of the information-sharing with other companies ("opt-out"). If I accept or use an account, I do so subject to the terms of this application, and the account agreement. I also agree to pay all charges incurred under such terms. If I do not cancel my application MSUFCU will open an account for me and process my loans.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Employer Name \_\_\_\_\_ Date Submitted \_\_\_\_\_ Date of Surgery/Procedure \_\_\_\_\_  
 MSUFCU: Received (Date) \_\_\_\_\_ By (Staff Initials) \_\_\_\_\_  
 Review Date \_\_\_\_\_ Determination \_\_\_\_\_  
 Loan Amount Approved \_\_\_\_\_  
 Date Returned to MECS \_\_\_\_\_

Approval: Check date \_\_\_\_\_ Check no. \_\_\_\_\_