



Cessna Employees
Credit Union

Four Cessna Boulevard, Wichita, Kansas 67215
P.O. Box 7704, Wichita, Kansas 67277
Mid Continent Office: (316) 517-7149 FAX: 517-7668
Pawnee Office: (316) 831-4014 FAX: 831-4958
Independence Office: (620) 332-0228 FAX: 332-0230
Toll Free: (877) 855-4228

LOAN APPLICATION

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

Individual Credit: Complete **Applicant** sections if only the applicant's income is considered for loan approval.
Complete **Applicant** and **Co-Applciant** sections: (1) if you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of credit requested, or; (2) if you reside in a Community Property State, or; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested. Community Property States include: AK, AZ, CA, ID, LA, NM, NV, TX, WA, and WI.

Joint Credit: Complete **Applicant** and **Co-Applciant** sections if your co-applciant will be contractually liable for repayment of the loan and initial below:
We intend to apply for joint credit. _____ (Applicant Initials) _____ (Co-Applciant Initials)

PLEASE CHECK BELOW TO INDICATE THE TYPE OF ACCOUNT(S) AND TYPE OF CREDIT FOR WHICH YOU ARE APPLYING.

Account/Loan: Individual Joint **Credit Cards:** _____ Number of Cards
 MASTERCARD PLATINUM _____

(Including ATM/Debit Card Access to the Account if Available)

Amount Requested \$ _____

Purpose/Collateral: _____ If Authorized user, name: _____

Other Loan Request _____

SEE PAGES 2 AND 3 FOR IMPORTANT INFORMATION ABOUT CREDIT CARDS

Repayment: Payroll Deduction Billing Notice Automatic Payment Web Pay Other

APPLICANT			<input type="checkbox"/> CO-APPLICANT		<input type="checkbox"/> NON-APPLICANT SPOUSE/OTHER	
NAME (Last - First - Initial)		ACCOUNT NUMBER	NAME (Last - First - Initial)		ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME	SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME	
E-MAIL ADDRESS		FAX NUMBER	E-MAIL ADDRESS		FAX NUMBER	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT	BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXT	
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS/MONTHS AT THIS ADDRESS	PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS/MONTHS AT THIS ADDRESS	
PREVIOUS ADDRESS (Street - City - State - Zip)			PREVIOUS ADDRESS (Street - City - State - Zip)			
PURCHASE PRICE OF HOME: \$		PRESENT HOME VALUE: \$	PURCHASE PRICE OF HOME: \$		PRESENT HOME VALUE: \$	
MORTGAGE BALANCE \$		MONTHLY PAYMENT (MORTGAGE/RENT) \$	MORTGAGE BALANCE \$		MONTHLY PAYMENT (MORTGAGE/RENT) \$	
PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE. <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			PLEASE COMPLETE ONLY IF YOU ARE APPLYING FOR JOINT CREDIT, SECURED CREDIT, OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE. <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)			

EMPLOYMENT

NAME AND ADDRESS OF EMPLOYER		NAME AND ADDRESS OF EMPLOYER	
HIRE DATE	POSITION	HIRE DATE	POSITION
PRIOR EMPLOYER		PRIOR EMPLOYER	

INCOME

OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		OTHER INCOME NOTICE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.	
INCOME \$ _____ PER _____		INCOME \$ _____ PER _____	

REFERENCES

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME NUMBER	NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		HOME NUMBER
		RELATIONSHIP			RELATIONSHIP

STATE NOTICES

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS: Marital Status: Married Unmarried Legally Separated

If married: the name of my spouse is _____

Spouse's SSN: _____ Spouse's Address (if different) _____

Notice: No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: By signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s). **X** _____

LOAN APPLICATION SIGNATURES

PLEASE READ BEFORE SIGNING:

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

Credit Report Authorization. By signing this Application, I authorize you to obtain my credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account. **Vermont Residents:** Applicant provided consent via phone _____ (Credit Union Initials)

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

SIGNATURE OF APPLICANT	DATE
X	

SIGNATURE OF CO-APPLICANT	DATE
X	

HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

IMPORTANT CREDIT CARD DISCLOSURES

The following disclosure represents important details concerning your credit card. The information about costs of the card are accurate as of _____. You can contact us toll free at (877) 855-4228 or Four Cessna Boulevard, Wichita, Kansas 67215 to inquire if any changes occurred since the effective date.

INTEREST RATES and INTEREST CHARGES:	
Annual Percentage Rate (APR) for Purchases, Cash Advances, & Balance Transfers	3.99% Introductory APR for six months. After that, your standard APR will be 7.90%, 11.75%, or 13.75% depending on your credit history.
Paying Interest	Your due date is at least 25 days after we mail your billing statement. We will not charge you interest on purchases if you pay your entire new purchase balance by the due date each month. We will begin charging interest on cash advances and balance transfers on the transaction date.
Minimum Interest Charge	None
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 http://www.federalreserve.gov/creditcard

SEE NEXT PAGE for more important information about this account

FEES:	
Fees to Open or Maintain your Account: <ul style="list-style-type: none"> - Annual Fee: - Application Fee: 	None None
Transaction Fees <ul style="list-style-type: none"> - Balance Transfer: - Cash Advance: - Foreign Transaction: 	None None 1% of each transaction in U.S. dollars if the transaction involves a currency conversion 1% of each transaction in U.S. dollars if the transaction does not involve a currency conversion
Penalty Fees <ul style="list-style-type: none"> - Late Payment: - Over-the-Credit Limit Fee: - Returned Payment: 	\$20.00 if your payment is late 5 days or more None \$10.00 if your payment is returned for any reason

How We Will Calculate Your Balance: We use a method called “average daily balance (including new purchases).”

Loss of Introductory Rate: We may end your Introductory Rate and apply the standard APR disclosed above if you make a late payment.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.