



PO Box 727 • Goshen, IN 46527 • 574.534.2506 • Fax: 574.534.0768

Checking Line of Credit (LOC) Application

Interra Account #: _____ Amount Requested: \$ _____

Please initial the following statement that applies to you:

- _____ I am applying for individual credit in my own name and I am relying on my own income and assets and not the income or assets of another person.
 _____ I am applying for individual credit and I am relying on my income or assets, as well as income and assets from other sources.
 _____ We are applying for joint credit.

APPLICANT INFORMATION				
Name	Birthdate		Social Security No.	
Address	City/State/Zip	How Long?	Telephone	
Previous Address (if less than 2 years)	City/State/Zip	How Long?		
Name of Nearest Relative	Address		Telephone	
Current Employer	Position	How Long?	Gross Income (before taxes) \$ _____	<input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly
Employer Address	City/State/Zip		Telephone	
Previous Employer (if less than 2 years)	Address	City/State/Zip	Position	How Long?

CO-APPLICANT INFORMATION (Only necessary if co-applicant is to be contractually liable on the account.)				
Name	Birthdate		Social Security No.	
Address (only if different than main applicant)	City/State/Zip	How Long?	Telephone	
Current Employer	Position	How Long?	Gross Income (before taxes) \$ _____	<input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly
Employer Address	City/State/Zip		Telephone	
Previous Employer (if less than 2 years)	Address	City/State/Zip	Position	How Long?

OTHER INCOME		Income from alimony, child support or separate maintenance need not be revealed if you do not choose to rely upon it as a basis for repaying this obligation.	
Applicant: Other Income Source	Monthly Amount	\$ _____	
Co-applicant: Other Income Source	Monthly Amount	\$ _____	

HOME/VEHICLE/FINANCIAL INSTITUTION		
Home <input type="checkbox"/> Own <input type="checkbox"/> Living with others <input type="checkbox"/> Rent <input type="checkbox"/> Other, explain _____	Mortgage Holder/Landlord	Present Market Value \$ _____
Monthly Payment/Rent \$ _____	Original Mortgage Amount \$ _____	Current Mortgage Balance \$ _____
Autos Owned – Make/Year	Balance Due \$ _____	Monthly Payments \$ _____
Current Financial Institution	Account No.	

OTHER OBLIGATIONS INCLUDING CREDIT CARDS, ALIMONY & CHILD SUPPORT				
CREDITOR'S NAME	ADDRESS	ACCOUNT NO.	BALANCE OWING	MONTHLY PAYMENT
1.			\$ _____	\$ _____
2.			\$ _____	\$ _____
3.			\$ _____	\$ _____
Continue on back if needed. If co-applicant has separate obligations list separately.				
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any legal proceedings against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pay alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much? \$ _____	

All information stated in this application is correct and complete. All undersigned parties agree to abide by the terms of the Loan Agreement and its future revisions thereof, as issued upon approval. The undersigned authorize the Credit Union to obtain information pertaining to my/our creditworthiness, including consumer credit reports in connection with this application and for any update, renewal or extension of credit; and further authorize the disclosure of information regarding my/our account to credit bureaus and other creditors who inquire about my/our credit standing.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

FOR CREDIT UNION USE ONLY	Date Approved / /	Approved by	Amount Approved \$

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for cash advances	12.00%
Paying interest	You will be charged interest from the transaction date.

Fees	
Annual fee	None
Transaction fees	None
Late payment fee	\$17.00

How we will calculate your balance: We will 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.

The information about the costs of the line of credit described in this application is accurate as of 02/01/2013.

This information may have changed after that date. To find out what may have changed, call 574.534.2506 or visit interracu.com, or write Interra Credit Union, PO Box 727, Goshen, IN 46527

Goshen • Elkhart • Middlebury • Millersburg • Nappanee • New Paris • Syracuse • Wakarusa

574.534.2506 • 888.432.2848
 PO Box 727 • Goshen, IN 46527-0727
interracu.com



Your deposits are insured to \$250,000 per account. By members' choice, this institution is not federally insured.

02/13

