



1221 East Grand St.
Springfield, MO 65804
Phone: (417) 831-0534
Toll Free: (866) 439-ECCU
Fax: (417) 831-2719

1550 West Diane St.
P.O. Box 1908
Ozark, MO 65721
Phone: (417) 485-3661
Toll Free: (866) 439-ECCU
Fax: (417) 485-3690

1440 State Hwy. 248, Ste. A
Branson, MO 65616
Phone: (417) 339-3954
Toll Free: (866) 439-ECCU
Fax: (417) 339-3956

ACCOUNT NUMBER

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

Applicant Information PRINT OR TYPE ALL INFORMATION 1. If You live in a community property state, are You: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed) 2. Married applicants can apply for an individual loan. Indicate if You want an: <input type="checkbox"/> Individual Loan <input type="checkbox"/> Joint Loan with Your Spouse/Co-Applicant 3. Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Share Transfer <input type="checkbox"/> Cash Payment 4. Frequency of Payment: _____	Spouse/Co-Applicant Information 5. Complete Spouse/Co-Applicant Information only if: a. This is for a joint account with Your Spouse or other Co-Applicant; b. Your Spouse will use Your Account; c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico). 6. Definitions: Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.
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Closed-End Credit Applied For:
 Type: New Auto Used Auto Signature Other (specify) _____
 Amount Requested \$ _____ Length of Repayment Mos. _____
 Purpose _____
 Collateral Offered _____

Open-End Credit Applied For:
 VISA Classic - Limit Desired \$ _____
 Secured VISA Classic - Limit Desired \$ _____
 VISA Platinum - Limit Desired \$ _____
 Line of Credit - Limit Desired \$ _____

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (866) 439-ECCU, or by writing Us at 1221 East Grand St., Springfield, MO 65804.

APPLICANT OR CO-SIGNER

FIRST NAME/INITIAL/LAST NAME			
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	TIME AT ADDRESS
CITY/STATE/ZIP			
DRIVER'S LICENSE #	EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			TIME AT ADDRESS
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEPENDENTS	AGES OF DEPS.
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

SPOUSE/CO-APPLICANT

FIRST NAME/INITIAL/LAST NAME			
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	TIME AT ADDRESS
CITY/STATE/ZIP			
DRIVER'S LICENSE #	EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			TIME AT ADDRESS
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEPENDENTS	AGES OF DEPS.
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

EMPLOYMENT AND INCOME Attach copies of two (2) most recent pay stubs and if self-employed or retired, attach 2 years income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE	
EMPLOYER ADDRESS			
WORK TELEPHONE	POSITION	HOURS AT WORK	MO. GROSS INCOME
FORMER EMPLOYER		POSITION	SINCE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE	
EMPLOYER ADDRESS			
WORK TELEPHONE	POSITION	HOURS AT WORK	MO. GROSS INCOME
FORMER EMPLOYER		POSITION	SINCE

OTHER INCOME You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

TYPE OF OTHER INCOME	MONTHLY AMOUNT
\$ _____	
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
\$ _____	
NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

BANK (OR OTHER) NAME AND ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR. - MAKE - MODEL	VALUE		
	\$ _____		
CAR 2 - YR. - MAKE - MODEL	VALUE		
	\$ _____		
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED	PURCHASE PRICE	APPROX. VALUE	
	\$ _____	\$ _____	

BANK (OR OTHER) NAME AND ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR. - MAKE - MODEL	VALUE		
	\$ _____		
CAR 2 - YR. - MAKE - MODEL	VALUE		
	\$ _____		
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED	PURCHASE PRICE	APPROX. VALUE	
	\$ _____	\$ _____	

