

## OVERDRAFT LOAN APPLICATION

APPLICANT(S) NAME:	CREDIT UNION USE		
Amount of Money Requested \$ _____	Date		
TOTAL NEW LOAN \$ _____	Account #		
To be repaid in _____ payments of <u>\$50.00</u> including/plus interest starting on _____	Loan #		
Purpose of Loan: <b><u>OVERDRAFT PROTECTION LOAN</u></b>	Loan Officer		
<input checked="" type="checkbox"/> Signature	App. Type		
<b>Note:</b> When an overdraft protection loan transfers automatically to checking a \$3.00 fee will be assessed. When the loan balance is zero, the loan accrues no interest. Funds can be transferred to checking by telephone, home banking or at either branch free of charge.	Collateral		
	Trans. Type		
	Pmt Method		
	Purpose		
	Life Ins		
	Interest Rate		
	I/We certify that the statements herein and/or attached are true and complete. I/We hereby authorize the Lendor (YCFCU) to verify any and/or all information contained herein.	Debt Ratio	
		Credit Score	
	<b>Signature of Applicant:</b>	<b>Date:</b>	<b>Additional Approving Signatures</b>
	<b>Signature of Co-Applicant:</b>	<b>Date:</b>	
I, the Co-Applicant, willingly and knowingly apply for joint credit with Applicant	<b>Initials:</b>	<b>Date:</b>	
<b>Signature of Loan Officer:</b>	<b>Date:</b>		
Additional Approving Officers Required: ( ) Loan Officer ( ) Board	<b>Date:</b>		

### APPLICANT'S STATEMENT

I AM INDEBTED TO THE FOLLOWING CREDITORS  
(LIST ALL DEBTS SUCH AS DOCTOR BILLS, INSTALLMENTS, LOANS, REAL ESTATE MORTGAGES, ETC.) ATTACH ADDITIONAL SHEET(S) IF NECESSARY

Liabilities	Creditor	Address	AMT OWING	MO PAYMENT
	Home		\$	\$
	Auto		\$	\$
	Auto		\$	\$
	Other		\$	\$
		\$	\$	
		\$	\$	
RESIDENCE		MARKET VALUE		
		\$		
AUTO (s) MAKE	MODEL	YEAR	VALUE	
			\$	
			\$	
			\$	
Employed By:				
Year Employed:	Position:	Business Phone:		
Salary : _____		Other Income - Source: _____		
\$ _____ per _____		\$ _____ per _____		

### CO-APPLICANT'S STATEMENT

I AM INDEBTED TO THE FOLLOWING CREDITORS  
(LIST ALL DEBTS SUCH AS DOCTOR BILLS, INSTALLMENTS, LOANS, REAL ESTATE MORTGAGES, ETC.) ATTACH ADDITIONAL SHEET(S) IF NECESSARY

Liabilities	Creditor	Address	AMT OWING	MO PAYMENT
	Home		\$	\$
	Auto		\$	\$
	Auto		\$	\$
	Other		\$	\$
		\$	\$	
		\$	\$	
RESIDENCE		MARKET VALUE		
		\$		
AUTO (s) MAKE	MODEL	YEAR	VALUE	
			\$	
			\$	
			\$	
Employed By:				
Year Employed:	Position:	Business Phone:		
Salary : _____		Other Income - Source: _____		
\$ _____ per _____		\$ _____ per _____		