

SEFCU Inirect Membership/Credit Application

NOTICE: Married Applicants may apply for a separate account. Check the appropriate box below to indicate the type.

Individual Credit: Complete Applicant Section. Complete other section as follows: (1) Information about your spouse if you live in a community property state (AZ, CA, ID, LA, MN, NV, TX, WA, WI), or your spouse will use the account. (2) Information about the party making the payments if you are relying on alimony, spousal support or separate/spousal maintenance as a basis for repayment

Joint Credit: Provide information about each applicant by completing a Membership/Credit Application.

APPLICANT (Must be SEFCU member at time of loan funding)			Office Use Only	SEG #:	Lic Issue Date:
Drivers License State and Number:			SS # Issue State and Year:		Lic Expir Date:
First Name	Initial	Last Name	Social Security #		Date of Birth
Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with others <input type="checkbox"/> Other			Housing Payment Monthly		
Physical Address			Years at current address		
City, State, ZIP			Home Phone Number		
Mailing Address (if different)			Work Phone Number		
City, State, ZIP			Cell Phone Number		
How do you qualify for SEFCU Membership?: <input type="checkbox"/> Current Member (mbr #) _____ <input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Worship <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Volunteer					
Name of Family Member that Banks with SEFCU:					
City you Worship/Go to School/Volunteer in (include name of church/school/organization)					
Loan Payment Election: (choose one- if not choice made loan will automatically have coupons):					
<input type="checkbox"/> Cash <input type="checkbox"/> Coupon <input type="checkbox"/> Periodic Payment (transfer from SEFCU share)					
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:					
Name of Current Employer				Years at Current Employer	
Address of Current Employer					
Occupation				Monthly Gross Income	
Other Income and Source					
You need not list income from alimony, child support, or separate maintenance unless you wish it considered for purposes of granting this credit					
Reference Name			Address		
Reference Home Phone			Reference Work Phone		

JOINT APPLICANT (Must be SEFCU member at time of loan funding)			Office Use Only	SEG #:	Lic Issue Date:
Drivers License State and Number:			SS # Issue State and Year:		Lic Expir Date:
First Name	Initial	Last Name	Social Security #		Date of Birth
Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with others <input type="checkbox"/> Other			Housing Payment Monthly		
Physical Address			Years at current address		
City, State, ZIP			Home Phone Number		
Mailing Address (if different)			Work Phone Number		
City, State, ZIP			Cell Phone Number		
How do you qualify for SEFCU Membership?: <input type="checkbox"/> Current Member (mbr #) _____ <input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Worship <input type="checkbox"/> School <input type="checkbox"/> Family <input type="checkbox"/> Volunteer					
Name of Family Member that Banks with SEFCU:					
City you Worship/Go to School/Volunteer in (include name of church/school/organization)					
Loan Payment Election: (choose one- if not choice made loan will automatically have coupons):					
<input type="checkbox"/> Cash <input type="checkbox"/> Coupon <input type="checkbox"/> Periodic Payment (transfer from SEFCU share)					
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:					
Name of Current Employer				Years at Current Employer	
Address of Current Employer					
Occupation				Monthly Gross Income	
Other Income and Source					
You need not list income from alimony, child support, or separate maintenance unless you wish it considered for purposes of granting this credit					
Reference Name			Address		
Reference Home Phone			Reference Work Phone		

You authorize the credit union to obtain and/or furnish information concerning your credit affairs from and/or to any association, firm, corporation, or personnel office. You promise that everything you have stated in this application is correct to the best of your knowledge. You authorize the credit union to check your employment and credit history and to obtain credit reports in connection with this application for credit and for any update, renewal, or extension of the credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions insured by NCUA.

I/We hereby make an application for membership in SEFCU, and agree to conform to the laws and amendments thereof and subscribe for at least one share. SEFCU is hereby authorized to recognize any of the signatures hereto in the payment of funds or the transaction of any business for this account. By signing you agree to be bound by the terms and conditions for this account as outlined in the Member Benefits Guide.

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify that : (1) The number shown on the form is my correct taxpayer identification number. And (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. Person.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

Applicant's Signature and Date

Joint Applicant's Signature and Date

NOTARY USE ONLY:
 State of New York, County of _____ On this _____ day of _____, _____, before me personally came _____; to me known and to me the individual (s) described in and who executed the attached instrument, and he/she duly acknowledged to me that he/she executed the same.