

Transit Federal Credit Union 101-49 Woodhaven Blvd. Ozone Park, NY 11416	Acct #: _____	Amount Req.: \$ _____	Term: _____		
Please Print - Answer all questions on front of application		Purpose: _____			
Name: _____		Clear <input type="checkbox"/>			
Address: _____		Home # _____	Mtg \$ _____		
		Cell # _____	Rnt \$ _____		
Date of Birth: _____		Social Sec.#: _____			
Employer: _____		Salary: \$ _____			
		Position: _____			
		Years on Job: _____			
<input type="checkbox"/> Married		<input type="checkbox"/> Separated			
<input type="checkbox"/> Unmarried (Including single, divorced, or widowed)					
Reference: (Relative or friend not living with you)					
Name: _____		Phone #: _____			
Address: _____		Cell #: _____			
Street _____		Apt.# _____			
		City _____			
		State _____			
		Zip code _____			
Details					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a co-maker, endorser, or guarantor on any debt or obligation? _____			
<input type="checkbox"/>	<input type="checkbox"/>	Are there any unsatisfied judgments, garnishments, or lawsuits pending against you? _____			
<input type="checkbox"/>	<input type="checkbox"/>	Have you filed for or declared bankruptcy in the last 10 years? _____			
Enrollment for Voluntary Payment Protection					
MEMBERS CHOICE™ Borrowers Security Contract					
MEMBERS CHOICE™ Borrower Security (referred to as "the program") is voluntary and not required in order to obtain credit. We will not consider whether or not you elect MEMBERS CHOICE™ Borrower Security in making our credit decision.					
Options	#3	#4	#1	#2	
You Elect: (Check only one box)	<input type="checkbox"/> Life Disability & Unemployment • Loss of life • Disability • Involuntary Unemployment	<input type="checkbox"/> Life Disability • Loss of life • Disability	<input type="checkbox"/> Disability • Disability	<input type="checkbox"/> Life • Loss of life	<input type="checkbox"/> No Protection
Cost per \$100 of the Monthly Outstanding Loan Balance	Single \$ 0.494	Single \$ 0.366	Single \$ 0.305	Single \$ 0.061	
Estimated Total Fees for Option chosen (Closed-end Only) \$ _____		NOTE: Only add it Closed-end loans			
*If the outstanding loan balance is greater than \$50,000, the rate will not be applied to the amount that exceeds \$50,000.					
The program contains certain terms and exclusions. Subject to those terms and conditions, which you should read carefully, you are eligible for the program if you are a borrower on the loan.					
One important condition to your ability to have your loan payment canceled/postponed due to Disability and Involuntary Unemployment is that you must be actively working for income 25 hours or more per week when you become disabled or become involuntarily unemployed.					
For the Option elected above you chose: <input checked="" type="checkbox"/> Single Protection for Borrower 1.					
The protected borrower(s) may not qualify for all benefits.					
Read the MEMBERS CHOICE™ Borrower Security Contract prior to your election.					
Your signature below means:					
• Your election above will remain in effect, according to the terms of the MEMBERS CHOICE™ Borrower Security Contract, unless subsequently modified.					
• You agree that you have received and thoroughly read the MEMBERS CHOICE™ Borrower Security Contract.					
• You authorize the program fee to be added to your outstanding balance each month.					
Bills to be paid with loan		Account #		Balance	
Representations and Authorizations					
You Represent everything stated in this application is correct to the best of your knowledge.					
You authorize the Credit Union to investigate your credit record, verify employment and income information, and answer questions regarding your credit history. You also authorize the Credit Union to obtain credit reports in conjunction with this application and for any update, renewal or extension of the credit received. If you request it, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you.					
It is a federal crime to willfully and deliberately provide incomplete or incorrect information on the loan applications made to Federal Credit Unions or State Chartered Credit Unions insured by the National Credit Union Administration.					
Applicants Signature _____		Date _____		Witness Signature (Credit Union Rep.) _____	
				Date _____	