



Your Wake Up Call to Savings

101 W. Walnut St.  
Gardena, CA 90248  
(310) 638-2934 / 800-AMFCU-09  
FAX (310) 604-8587  
[www.amfcu.org](http://www.amfcu.org)

## Master Credit Application

AM Federal Credit Union's One-Step Credit Application System  
Makes Borrowing Convenient & Easy

### Save Time and Money... & Time is Money...



Our Master Credit Application is just another way AM Federal Credit Union makes life a little easier and your Credit Union more convenient. With our Master Credit Application, you'll discover a simple and convenient answer to your borrowing needs.

### We're As Close As Your Phone...



Even if you don't need a loan right away, you should complete the Master Credit Application today and send it to us. Once on file, your phone call is all we need to update your information and quickly process your requests for future loan advances. A few simple steps make it easy for you to apply for a variety of loan accounts without the paperwork hassle.

### E-Z Repayment / Affordable Terms...



Whatever your borrowing needs, AM Federal offers a variety of loans at exceptionally low fixed rates! Whether you're considering the purchase of a new or used vehicle, or you need some extra cash for whatever reason, your credit union is here to help.

Plus, our loans are based on "simple interest," so you can pay off your loan early with no penalty.

### Quick Answers...



Once your application is on file, in most cases, we'll give you an answer within a few hours. No red tape... no paper shuffling.

Follow the easy step-by-step instructions on the next page, and return the completed loan documents with proof of income and this will help expedite the processing of your loan application.

# UNIQUE SERVICES AND CONSUMER LOANS DESIGNED TO FIT OUR MEMBER/OWNERS' NEEDS

**Vehicle/Personal Loans** - These affordable loans give you the purchasing power for a new or used car, van, truck, SUV, RV, motorcycle, boat, household furnishings or other goods.

- Save money with low interest rates and no prepayment penalties.
- Take advantage of flexible repayment terms.
- Our quick approval process will save you time.

**Personal Loans** - The AM Federal Credit Union personal loan gives you All You Need, All Up Front.

- Borrow up to \$20,000
- Lower rates mean lower payments.

**Lines of Credit** - The control is in your hands.

- Pay interest on only what you use.
- No annual fee.
- Overdraft protection for your checking account.
- Access your line through Home-Banking on-line, SIMON - 24 hour telephone banking, by check, or at our office.

**Savings/Share Secured** - Use your savings as collateral.

- Easy qualifying
- Low Interest Rate
- Flexible Terms

**Payment Protection Plan** - As an added convenience, you can select the Payment Protection Plan to help repay your loan in the event of death or disability. For more information, call 310-638-2934 and ask to speak with a loan counselor.

**Choose your method of payment**

- Payroll Deduction or Direct Deposit
- Automatic Transfer from your credit union account
- Payment Coupons

Please contact the credit union for information and applications on our 1st and 2nd mortgages and our Home Equity Lines of Credit.

## MASTER CREDIT APPLICATION - INSTRUCTIONS

Please read the following information carefully. To ensure prompt processing of your request, complete the entire application as instructed.

1. You must be a member of the Credit Union to apply for a loan.
2. Complete application in ink.
3. Complete all of the information requested. Fill in any blank area with a N/A (not applicable) to indicate that the information requested does not pertain to you.
4. Any person applying for the loan needs to sign their name on the back of page 1.
5. Attach a current paystub to this application. If applying with your spouse/co-applicant, attach his or her paystub also.
6. To expedite your request, return all documents completed and signed.

### Sign and Return to the Credit Union

- Page 1 Master Credit Application (Complete both sides and sign on the reverse)
- Current Pay Stub (Tax Return if Self-Employed)

Retain this Cover Sheet for Your Records



## MASTER LOAN APPLICATION



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- |   |  |
|---|--|
| <input type="checkbox"/> NEW AUTO                 | <input type="checkbox"/> PERSONAL LOAN FOR _____ |
| <input type="checkbox"/> USED AUTO                | <input type="checkbox"/> OTHER _____             |
| <input type="checkbox"/> NEW RECREATIONAL VEHICLE |  |
| <input type="checkbox"/> SHARE SECURED            |  |
| <input type="checkbox"/> LINE OF CREDIT           |  |

CHECK IF YOU WOULD LIKE INFORMATION ON:

- VISA CHECKING  
 HOMEBANKING

### PAYMENT METHOD FOR FIRST ADVANCE

- PAYROLL DEDUCTION       CASH PAYMENT

YOU ARE APPLYING FOR \$ \_\_\_\_\_

PURPOSE AND COLLATERAL \_\_\_\_\_

**NOTICE: MARRIED APPLICANTS MAY APPLY FOR AN INDIVIDUAL ACCOUNT, CHECK THE BOX INDICATING THE TYPE OF CREDIT YOU ARE APPLYING FOR:**

- INDIVIDUAL ACCOUNT       JOINT ACCOUNT WITH YOUR SPOUSE       JOINT ACCOUNT WITH SOMEONE OTHER THAN YOUR SPOUSE (CO-APPLICANT)

### A. APPLICANT email address: \_\_\_\_\_

MARITAL STATUS: CHECK ONE if you reside in or are relying on property in a community property state or if you are applying for secured credit or a joint account.

- MARRIED       SEPARATED       UNMARRIED

### B. SPOUSE/CO-APPLICANT email address: \_\_\_\_\_

Complete this section if (1) this is to be a joint account with your spouse, (2) your spouse will use this account, (3) you live in a community property state (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington and Wisconsin) or (4) you are relying on your spouse's income in applying for this account. This section must also be completed about your co-applicant if this is for a joint account with someone other than your spouse.

### A. APPLICANT

ACCOUNT NO.		SOC. SEC. NO.	
FIRST NAME		INITIAL	LAST NAME (JR/SR.)
CURRENT STREET ADDRESS	APT. NO.	YRS.   MOS.	RENT <input type="checkbox"/> OWN <input type="checkbox"/>
CITY	STATE	ZIP	
HOME PHONE NO. (     )	DRIVER'S LICENSE NO.	STATE	
FORMER STREET ADDRESS (IF CURRENT ADDRESS LESS THAN 2 YRS)	YRS.   MOS.	RENT <input type="checkbox"/> OWN <input type="checkbox"/>	
CITY	STATE	ZIP	
DATE OF BIRTH / /	AGES OF DEPENDENTS (EXCLUDING SELF)	ARE YOU CURRENTLY ON SICK LEAVE OR LEAVE OF ABSENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO

### B. SPOUSE/CO-APPLICANT

ACCOUNT NO.		SOC. SEC. NO.	
FIRST NAME		INITIAL	LAST NAME (JR/SR.)
CURRENT STREET ADDRESS	APT. NO.	YRS.   MOS.	RENT <input type="checkbox"/> OWN <input type="checkbox"/>
CITY	STATE	ZIP	
HOME PHONE NO. (     )	DRIVER'S LICENSE NO.	STATE	
FORMER STREET ADDRESS (IF CURRENT ADDRESS LESS THAN 2 YRS)	YRS.   MOS.	RENT <input type="checkbox"/> OWN <input type="checkbox"/>	
CITY	STATE	ZIP	
DATE OF BIRTH / /	AGES OF DEPENDENTS (EXCLUDING SELF)	ARE YOU CURRENTLY ON SICK LEAVE OR LEAVE OF ABSENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO

### A. EMPLOYMENT

**OCCUPATION. ORIGINAL COPY OF YOUR CURRENT CHECK STUB IS REQUIRED, IF SELF-EMPLOYED OR RETIRED, ATTACH INCOME TAX RETURN.**

PRESENT EMPLOYER		PHONE NO. (     )	
ADDRESS (STREET, CITY, STATE, ZIP)			
POSITION/TYPE OF WORK		SUPERVISOR'S NAME	
DATE EMPLOYED	APPLICANT'S SALARY <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly	GROSS \$	NET \$
PREVIOUS EMPLOYER		START DATE	END DATE
ADDRESS (STREET, CITY, STATE, ZIP)		POSITION HELD	

### B. EMPLOYMENT

PRESENT EMPLOYER		PHONE NO. (     )	
ADDRESS (STREET, CITY, STATE, ZIP)			
POSITION/TYPE OF WORK		SUPERVISOR'S NAME	
DATE EMPLOYED	APPLICANT'S SALARY <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly	GROSS \$	NET \$
PREVIOUS EMPLOYER		START DATE	END DATE
ADDRESS (STREET, CITY, STATE, ZIP)		POSITION HELD	

### A. OTHER INCOME

**YOU NEED NOT LIST INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE UNLESS YOU WISH IT CONSIDERED FOR PURPOSES OF GRANTING THIS CREDIT.**

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

### B. OTHER INCOME

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

### A. REFERENCES

NEAREST RELATIVE NAME / RELATIONSHIP (NOT LIVING WITH YOU)	(STREET, CITY, STATE, ZIP)	PHONE NUMBER (     )
RELATIVE NAME / RELATIONSHIP	(STREET, CITY, STATE, ZIP)	PHONE NUMBER (     )
PERSONAL REFERENCE NAME	(STREET, CITY, STATE, ZIP)	PHONE NUMBER (     )

