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CREDIT/MEMBERSHIP APPLICATION

ACCOUNT NUMBER	DATE
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Throughout this Application, the references to "We", "Us", "Our" and "Credit Union" mean the Money Federal Credit Union. The words "You" and "Your" mean each person applying for and/or using any of the services described herein. "Account" means any account or accounts established for you as set forth in these Agreements and Disclosures. Words or phrases preceded by a are applicable only if the is marked, e.g., "n/a" means not applicable.

MEMBERSHIP

You must be a member in order to apply for credit with Money Federal Credit Union. You agree that the information provided on this Loan Application will serve as your Membership Application.

ACCOUNT TYPE <input type="checkbox"/> Regular Savings <input type="checkbox"/> Checking	OWNERSHIP <input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account with Survivorship <input type="checkbox"/> Joint Account without Survivorship
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ACCOUNT SERVICES
 Overdraft Protection Debit Card Checks Other _____

TYPE OF CREDIT APPLIED FOR

Amount Requested: _____ Term (months) (closed-end credit only): _____ Purpose: _____
Payment Method: Cash Payroll Deduction Automatic Payment Military Allotment Payment Frequency: Monthly Other _____

APPLICANT INFORMATION

Married Applicants may apply for an individual loan/separate account.
Type of Credit. Check the type of credit for which you wish to apply.

- Individual credit** – If you are applying for individual credit, complete the Applicant section.
 Joint credit – If you are applying for joint credit with your spouse or another person, complete the Applicant section and the Spouse/Co-Applicant section.

You must initial here if you intend to apply for Joint Credit: Applicant: _____ Co-Applicant: _____

Spouse Information. You must also complete the Spouse section if any of the following apply: (1) your spouse will use your account; (2) you are relying on your spouse's income as a source of repayment; (3) you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI or Puerto Rico); or (4) you are an Alaska resident and are currently subject to a community property agreement or community property trust.

OPTIONAL PAYMENT PROTECTION

If you answer "yes" the Credit Union will disclose the cost of optional payment protection to you. A separate election that discloses the terms and conditions must be signed for protection to become effective. **Are you interested in having this loan protected?** Yes No

APPLICANT

Complete only if: (a) credit will be secured by collateral; or (b) you live in a community property state; or (c) you are an Alaska resident subject to a community property agreement or community property trust:
 MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

APPLICANT NAME _____

SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH DATE
HOME PHONE NO.	CELL PHONE	DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
MEMBERSHIP ELIGIBILITY	E-MAIL ADDRESS	
CURRENT STREET ADDRESS	APT. NO.	SINCE
CITY/STATE/ZIP		
PERSONAL REFERENCE 1 (Name and Address)	RELATIONSHIP	
	PHONE NO.	

SPOUSE **CO-APPLICANT/GUARANTOR**

Complete only if: (a) credit will be secured by collateral; or (b) you live in a community property state; or (c) you are an Alaska resident subject to a community property agreement or community property trust:
 MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

SPOUSE/CO-APPLICANT NAME _____

SOCIAL SECURITY NO.	DRIVER'S LICENSE NO. & STATE	BIRTH DATE
HOME PHONE NO.	CELL PHONE	DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT
MEMBERSHIP ELIGIBILITY	E-MAIL ADDRESS	
CURRENT STREET ADDRESS	APT. NO.	SINCE
CITY/STATE/ZIP		
PERSONAL REFERENCE 1 (Name and Address)	RELATIONSHIP	
	PHONE NO.	

EMPLOYMENT & INCOME If you are self-employed, please provide one year of complete tax returns.

CURRENT EMPLOYER	HIRE DATE	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
EMPLOYER ADDRESS		
WORK PHONE NO.	POSITION	MONTHLY GROSS INCOME \$
FORMER EMPLOYER (if current less than 2 years)	START DATE	END DATE
MILITARY - IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE: ENDING/SEPARATION DATE:		

CURRENT EMPLOYER	HIRE DATE	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
EMPLOYER ADDRESS		
WORK PHONE NO.	POSITION	MONTHLY GROSS INCOME \$
FORMER EMPLOYER (if current less than 2 years)	START DATE	END DATE
MILITARY - IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE: ENDING/SEPARATION DATE:		

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.

SOURCE OF OTHER INCOME	FREQUENCY	MONTHLY INCOME \$
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SOURCE OF OTHER INCOME	FREQUENCY	MONTHLY INCOME \$
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Account Designation

Payable on Death (P.O.D) Account

Provide the following information to designate a P.O.D Beneficiary. Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed below. The beneficiaries listed below are beneficiaries to all the accounts with the exception of IRAs.

Beneficiary #1 - Name and Address	Relationship
Beneficiary #2 - Name and Address	Relationship

Important IRS Information - TIN Certification

I certify in accordance with IRS W-9 instructions and under penalty of perjury, (1), that the number shown herein is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2), that unless designated below, I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding and (3), that unless designated below, I am a U.S. person (including a U.S. resident alien).

I am subject to backup withholding I am exempt I am a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

SIGNATURES – Are you currently on active military duty? Yes No

You hereby apply for credit and membership with Money Federal Credit Union and you promise that the information stated in this Application is true and correct to the best of your knowledge. You hereby authorize the Credit Union to obtain credit reports in connection with this Application and for any updates, review, increase, extension or renewal of credit, and in connection with any collection activities involving credit extended to you. You authorize us, our employees and agents to investigate and verify any information provided to us by you. You understand that any false or misleading statement in your Application may cause any loan or extension of credit to be in default or your membership to be denied. You agree that this Application shall be the Credit Union's property whether or not this Application is approved. You will notify the Credit Union in writing immediately of any changes in your name, address or employment. If you request, you will be provided the name and address of any credit bureau from which we received a credit report.

You further agree to be bound by the terms and conditions found within the Membership Account Agreements including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure and Electronic Funds Transfer Disclosure which are incorporated into and made part of this Application and you agree to the terms and conditions set forth therein and to any amendments we make from time to time. If your application for membership is a joint application, any liability created by the use of your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning your affairs upon our request, including, but not limited to, providing credit and employment history information. In addition to establishing a regular share Account, you may also from time to time request additional Accounts and/or Account Services be established on your behalf and/or the addition of joint owner(s) of your Account(s). Your signature below is your continuing authorization for the Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for your Account(s). **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

You understand and agree that if this Application is approved and credit is extended to you, that any collateral described in any security agreement, pledge, advance voucher or similar document that may be executed, now or in the future, in connection with such credit will secure the Credit Union for repayment of funds advanced to you, subject to the terms and conditions of such security agreement, pledge, advance voucher or similar document.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

X _____	_____	X _____	_____
Applicant	Date	Spouse/Co-Applicant/Guarantor	Date

Notary Acknowledgment

Sworn to and subscribed before me this day _____ of _____, _____

X _____
Notary Public

Printed Name: _____

ID Number: _____