

Applicant Information

Name (First/Middle/Last) _____

Address (Number and Street) _____ City - State - Zip _____

Home Telephone Number (Please include area code) _____ Business Telephone Number (Please include area code) _____

Social Security Number _____ Date of Birth _____ Mother's Maiden Name _____

E-mail Address _____

Co-Applicant Information

Name (First/Middle/Last) _____

Address (Number and Street) _____ City - State - Zip _____

Home Telephone Number (Please include area code) _____ Business Telephone Number (Please include area code) _____

Social Security Number _____ Date of Birth _____ Mother's Maiden Name _____

E-mail Address _____

Employment Information

Company Name _____

Address (Number and Street) _____ City - State - Zip _____

Position _____ Gross Yearly Income _____ Length of Employment _____

Previous Employer - If not with current employer for 3+ years _____ City - State - Zip _____

Position _____ Gross Yearly Income _____ Length of Employment _____

Co-Applicant Employment Information

Company Name _____

Address (Number and Street) _____ City - State - Zip _____

Position _____ Gross Yearly Income _____ Length of Employment _____

Previous Employer - If not with current employer for 3+ years _____ City - State - Zip _____

Position _____ Gross Yearly Income _____ Length of Employment _____

Automatic Payment (please complete section A and choose one option from section B)

A. I would like my payment debited from the account designated below

Transit Routing # _____

Checking Account # _____ Savings Account # _____

B. Debit my account for the full balance each month

Debit my account for \$ _____ each month

Debit my account for the minimum payment amount each month

CONTINUED ON NEXT PAGE...

Print this application, fill out and bring to one of our branches.
(Don't forget to bring government-issued identification.)

Signature

Security: To secure payment, I/WE jointly and individually pledge all shares, deposits, and certificates which I/WE now or in the future have in the Credit Union to the extent of the balance of this note, but this pledge does not include amounts held under an "Individual Retirement Account" or "Keogh Plan." I/We authorize the Credit Union to apply pledged amounts to repay this note in the event of default. If loan payments are up to date, I/WE may withdraw pledged

amounts as long as the balance in the pledged accounts does not go below the minimum share requirement.

Acct. No _____ Signature _____

Read before signing: The undersigned certifies that the foregoing information has been supplied truthfully, accurately, and voluntarily, and authorizes Pyramid Credit Union to investigate my/our employment, credit worthiness, credit history and financial responsibility through employer(s), credit bureau(s), or by any other reasonable means, including direct contact with past and present employer(s) and creditor(s). The undersigned further authorizes and directs all employers, creditors, and banks and other financial institutions to disclose information to Pyramid Credit Union.

x _____ x _____
Applicant Signature Date Co-Applicant Signature Date

	VISA Platinum
APR for Purchases	Range from 8.99 - 18.00%
APR for Cash Advance	Range from 8.99 - 18.00%
Cash Advance Fee	No
Annual Fee	No
Late Fee - 10 days after due date	\$15.00
Over Credit Limit Fee	\$15.00
Returned Check Fee	\$22.00
Currency Conversion Fee	1.00% of transaction amount

Print this application, fill out and bring to one of our branches.
(Don't forget to bring government-issued identification.)

"You" or "Your" means the member and the joint insured (if applicable) Credit insurance is voluntary and not required in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- . If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- . You agree to pay the charge shown
 - The insurance product is not insured by the Government of the FDIC

You are eligible for disability insurance only if you are working for wages or profit for twenty five hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work because of a temporary layoff, strike, or vacation, but soon to resume, you will be considered at work.

You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

NOTE: THE LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.

- The insurance product is not guaranteed by Pyramid Credit Union.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE (S)	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE		COVERED MEMBER (PLEASE PRINT)
	YES	NO	
SINGLE CREDIT DISABILITY	<input type="radio"/>	<input type="radio"/>	15¢
SINGLE CREDIT LIFE	<input type="radio"/>	<input type="radio"/>	5.5¢
JOINT CREDIT LIFE	<input type="radio"/>	<input type="radio"/>	8.3¢

IF YOU ARE TOTALLY DISABLED FOR MORE THAN 30 DAYS, THEN THE DISABILITY BENEFIT WILL BEGIN WITH THE 31ST DAY OF DISABILITY

ACCOUNT NUMBER	INSURANCE MAXIMUMS	DISABILITY	LIFE
SECONDARY BENEFICIARY (if you desire to name one)	MONTHLY TOTAL BENEFIT	\$ 600	N/A
	INSURABLE BALANCE PER LOAN ACCOUNT	\$ 30,000	\$ 30,000
	MAXIMUM AGE FOR INSURANCE	66	70

DATE BORROWER'S DATE OF BIRTH DATE CO-BORROWER'S DATE OF BIRTH

SIGNATURE OF BORROWER ELIGIBLE TO BE INSURED
 SIGNATURE OF JOINT INSURED (CO-BORROWER)