



**Hannaford Associates
Federal Credit Union**
P.O. Box 1440 • Portland, ME 04104
(207) 883-3630 (Local) • FAX (207) 883-8629
1-800-852-1012 (Toll Free)
www.hannafordcreditunion.com



Express Application

Individual Credit: You must complete the **Applicant** section about yourself and the **Other** section about your spouse if:
1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI),
2. your spouse will use the account, or
3. you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

Joint Credit: If you are applying with another person, complete the **Applicant** and **Other** sections.

Guarantor: Complete the **Other** section if you are a guarantor on an account/loan.

FOR CREDIT UNION USE ONLY	
<input type="checkbox"/> Loan Approved \$ _____	
<input type="checkbox"/> Rejected	
Signature _____	
NOTES:	

Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.

<input type="checkbox"/> LOANLINER® Account/Loan: <input type="checkbox"/> Individual <input type="checkbox"/> Joint (Including ATM/Debit Card Access to the Account if Available) Amount Requested \$ _____ Purpose/Collateral: _____	<input type="checkbox"/> Credit Card Account: <input type="checkbox"/> Individual <input type="checkbox"/> Joint See page 2 for rates (APRs) and other information Credit Limit Requested: \$ _____ If Authorized User, Name: _____
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Payment Protection	<input type="checkbox"/> Single Credit Disability Insurance <input type="checkbox"/> Single Credit Life Insurance <input type="checkbox"/> Joint Credit Life Insurance	Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.
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Applicant		
NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE ()	
BUSINESS PHONE/ EXT. ()	EMAIL ADDRESS	
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:		
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		

Employment/Income		STORE # _____
NAME & FULL ADDRESS OF EMPLOYER		YEARS EMPLOYED _____
POSITION _____		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME \$ _____ PER _____	OTHER INCOME \$ _____ PER _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE	
Assets Value of Home	\$ _____	
Value of Auto	\$ _____	
Stocks @ _____	\$ _____	
IRA/401K Balance	\$ _____	

Other: <input checked="" type="checkbox"/> Co-Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guarantor		
NAME (Last - First - Initial)		MOTHER'S MAIDEN NAME
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE ()	
BUSINESS PHONE/ EXT. ()	EMAIL ADDRESS	
PRESENT ADDRESS (Street - City - State - Zip)		<input type="checkbox"/> OWN <input type="checkbox"/> RENT YEARS AT THIS ADDRESS
MORTGAGE/RENT OWED TO:		
MORTGAGE BALANCE \$	MONTHLY PAYMENT \$	INTEREST RATE %
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed)		

Employment/Income		STORE # _____
NAME & FULL ADDRESS OF EMPLOYER		YEARS EMPLOYED _____
POSITION _____		
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.		
EMPLOYMENT INCOME \$ _____ PER _____	OTHER INCOME \$ _____ PER _____	
<input type="checkbox"/> NET <input type="checkbox"/> GROSS	SOURCE	
Assets Value of Home	\$ _____	
Value of Auto	\$ _____	
Stocks @ _____	\$ _____	
IRA/401K Balance	\$ _____	

Signatures

1. You promise that everything you have stated in this application is correct to the best of your knowledge. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. 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. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

*NOTE: Please submit a copy of your recent pay stub.

2. If you are applying for a credit card, you understand that the use of your card will constitute acknowledgment of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not subject to the security interest you have given in your shares and deposits.

	(SEAL)
APPLICANT'S SIGNATURE	DATE

	(SEAL)
OTHER SIGNATURE	DATE

Credit Card Disclosures

Annual Percentage Rate For Purchases (APR)	Other APRs	Grace Period For Purchases	Method of Computing the Balance for Purchases	Annual Fee	Late Fee
9.9%-15.9%	Cash Advance 9.9% - 15.9% Penalty Rate - 18.0%	25 Days	Average Daily Balance (excluding new purchases)	None	Late Fee: \$20.00

The Annual Percentage Rate applicable to your account is determined by certain credit worthiness criteria.

Penalty Rate: If you are 30 days delinquent in making your payment, your account rate may immediately increase for existing balances and all cash advances, balance transfers and purchases.