

District Government Employees Federal Credit Union

Visa Classic Loan Application*

Desired credit limit: _____

Applicant's Name (Last, First, MI) Please Print		Co-applicant's Name (Last, First, MI)	
Current Street Address			
City, State, ZIP			
Home Phone ()	E-Mail	Date of Birth (Applicant)	Date of Birth (Co-applicant)
DGEFCU Account Number	Social Security Number (Applicant)		Social Security Number (Co-applicant)
Employer (Applicant)		Employer (Co-applicant)	
Position	Office Phone ()	Position	Office Phone ()
How Long?	Annual Net Income**	How Long?	Annual Net Income**
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Rent/Mortgage Amount	Relationship to Applicant	

OPTIONAL CREDIT INSURANCE

Credit Life and/or Disability Insurance is not required to obtain credit under this plan and will be included only if requested immediately below by the APPLICANT. The insurance rates are shown below. Each month, the insurance charge is calculated by multiplying the outstanding balance of the account on the last day of that month by the rate shown. You must be under age 65, and, in addition, for credit disability insurance, you must be in active full-time work for wages or profit and physically at work at least 30 hours for each of 2 consecutive weeks prior to each advance in order for the insurance to take effect for that advance. Joint life coverage covers your spouse.

**SINGLE COVERAGE GROUP CREDIT LIFE
INSURANCE PREMIUM RATE**

\$0.87 per month per \$1,000 of outstanding balance

**JOINT COVERAGE GROUP CREDIT LIFE
INSURANCE PREMIUM RATE**

\$1.45 per month per \$1,000 of outstanding balance

**SINGLE COVERAGE GROUP CREDIT DISABILITY
INSURANCE PREMIUM RATE**

\$1.06 per month per \$1,000 of outstanding balance

YOU MUST CHECK ONE OR MORE OF THE BOXES:

- You apply for Credit Life Insurance — single coverage joint coverage You apply for Credit Disability — single coverage
- You do not want Credit Insurance

If you have applied for credit insurance, you authorize the credit union to add the required premiums to your account, charge a finance charge on the premiums at the rate which applies to your account, and forward the premium collected from you to the insurance company.

SIGNATURE OF APPLICANT **X** _____ DATE _____

I agree that everything stated in this application, whether oral, written, electronic or through a fax machine, is true and correct to the best of my knowledge. The Credit Union or its agent is authorized to investigate my credit worthiness and employment history, to obtain a credit report and to answer questions about my credit history with them. I understand that any false or misleading statements in my application may cause any loan to be in default. I agree that this application shall be the Credit Union's property whether or not this Credit Application is approved. If I applied for and am approved for a credit card, by signing below, using, or permitting another to use the credit card(s), agree that I will be bound by the Visa agreement accompanying the credit card(s). By signing below, I certify that I have read the Credit Card Agreement and Disclosure and received a copy on a separate piece of paper. I agree to the terms of the Credit Card Agreement which is part of the loan agreement.

X _____ DATE _____
SIGNATURE OF APPLICANT

X _____ DATE _____
SIGNATURE OF CO-APPLICANT

*Additional information may be requested when applying on this loan application form.

**Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.