

Deposit to _____

APPLICATION FOR LOAN

Appl# _____
CBI # _____
PS # _____

APR: _____ %

Separate or Added

MUST BE FILLED IN COMPLETELY

UTICA GAS & ELECTRIC FCU

Ph: 315-798-5150 FAX: 315-733-0228

Account No. _____

Note No. _____

Soc. Sec. No. _____

Home Phone _____

Choose One

I do
 I do not
wish to purchase
life insurance.

Choose One

I do
 I do not
wish to purchase creditors
disability insurance.

EXISTING LOANS

Note No. _____ Loan Balance \$ _____

Monthly paymts. _____

Note No. _____ Loan Balance \$ _____

Monthly paymts. _____

Proceeds \$ _____

Refinance _____

C.D. Ins. _____

Total Loan \$ _____

I, _____ hereby apply for a loan of \$ _____ for a period of _____ months,
to be repaid in _____ monthly payments of \$ _____ each including interest.

I prefer the first payment to fall due on _____.

I desire this loan for the following purpose (explain fully): _____

Collateral Offered: Auto: Year _____ Make _____ Model _____ VIN _____

Other (Describe): _____

I hereby certify that all statements made, including those on the reverse side hereof, are true and complete and submitted for the purpose of obtaining credit. I have no other debts.

In considering this application the credit committee/loan officer may request and use a report from outside credit reporting agencies. We may also ask a reporting agency or agencies for such reports in connection with renewal or continuation of the credit for which you're applying. If you request it, we will tell you whether or not we asked for such a report and, if we have, the name and address of the agency or agencies. I acknowledge notice of this disclosure under Article 25 of the NYS General Business Law.

Signature of Applicant _____ Address _____ City _____ State _____ Zip _____ Date _____

Information below, including appropriate signature(s), is to be filled in by *either* the credit committee or loan officer, depending upon who acts upon this application.

On _____, 20_____, (I)(We) approve a loan in the amount and on the conditions requested by the above applicant, except as follows (list any changes in amount, terms or conditions): _____

COLLATERAL	LOANS
Signature _____	_____
Value - (If any) _____	_____
_____	_____
_____	_____
_____	_____

Approved by Board of Directors

- 1- _____
- 2- _____
- 3- _____
- 4- _____
- 5- _____
- 6- _____

Approved by LOAN OFFICER:

SEE REVERSE SIDE

Dealer:

Phone:

Date Contacted by C.U. Rep.

By:

