TONAWANDA VALLEY FEDERAL CREDIT UNION

Overdraft Line of Credit Application

Applications will not be considered unless all blanks are completed.
For $500 or less. Complete sections 1, 2, 5, 6, 7, 8, & 11
MOST RECENT PROOF OF INCOME REQUIRED

Only members listed on the Share Draft Overdraft Line of Credit may receive Debit Cards.
☐ Yes, I would like a Debit Card(s)
_____ myself _____ co-applicant

Credit Limit Requested: $

① Name _____ Account Number _____

Present Address _____ City/State _____ Zip _____ How Long _____

Previous Address _____ City/State _____ Zip _____ How Long _____

Social Security No. _____ Date of Birth _____ Telephone No. _____

② Present Employer _____ Telephone No. _____ How Long _____

Address _____ Position _____ Supervisor _____

Previous Employer _____ Telephone No. _____ How Long _____

Address _____ Position _____ Supervisor _____

Annual Gross Income $ _____ Other Income $ _____ Frequency Weekly _____
Biweekly _____
Monthly _____

NOTE: Alimony, child support, or other maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this loan.

I am indebted to the following creditors:
Please list mortage or rent payment, all bank or finance company loans, credit cards, installment contracts, medical bills and other outstanding debts. List any debts you may have co-signed.

NOTE: All current debts must be listed. Credit information is routinely checked and any debts discovered which are not listed below will delay or prevent the approval of this application.

③

Name of Creditor or Landlord	Account Number	If Joint List Names	Original Amount	Balance	Monthly Payment
Rent or Mort. (include taxes)					

④ Do you have any credit applications pending? _____ If yes, provide creditors name(s), and dollar amount. _____

Are you a co-maker, endorser, or guarantor on any debt not listed above? _____ If yes, provide debtors name, creditor, current balance and payment amount. _____

Are you presently liable for any alimony, child support or seperate maintenance payments? _____ If yes, what is the amount & frequency of payments. _____

Do you have any outstanding judgments against you? Yes ☐ No ☐ **If yes, please attach explanation.**

Have you ever declared bankrupcy? Yes ☐ No ☐ _____ If yes, date of discharge._____
If yes, please attach explanation.

⑤ Name of nearest relative not living with you _____

Address _____ Telephone No. _____ Relationship _____

⑥ All statements made on this application are true and correct to the best of my knowledge. I understand that you will keep this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

SIGNED _____ DATE _____ CO-APPLICANT _____ DATE _____

(Co-Applicant, please complete other side of application)

CO-APPLICANT INFORMATION

MOST RECENT PROOF OF INCOME REQUIRED

⑦ Name _____ Account Number _____

Present Address _____ City/State _____ Zip _____ How Long _____

Previous Address _____ City/State _____ Zip _____ How Long _____

Social Security No. _____ Date of Birth _____ Telephone No. _____

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Address _____ Position _____ Supervisor _____

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You can fax this to: 585.344.2383
Tonawanda Valley Federal Credit Union
PO BOX 398
Batavia, NY 14021

(Co-Applicant, please be sure to sign application on the front. Thank you.)