

Credit Application
West Stark Community Federal Credit Union
46 Federal Ave. N.W., Massillon, Ohio 44647 (330) 837-0847
www.weststarkcomfcu.com

Account # _____ Amount of Credit Requested _____
 Reason for Credit Request _____
 Repayment: Payroll Deduction Cash Automatic Payment Collateral _____

Notice: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

I AM A U.S. CITIZEN OR PERMANENT ALIEN RESIDENT

APPLICANT

NAME _____ HOME PHONE _____ WORK PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ CREDIT UNION ACCOUNT _____ SOCIAL SECURITY _____

CURRENT EMPLOYER _____ POSITION _____

ADDRESS _____ LENGTH OF EMPLOYMENT _____

BUYING RENTING AMOUNT OF RENT/MORTGAGE PAYMENT \$ _____ TOTAL MONTHLY PAYMENTS \$ _____

GROSS INCOME* _____ PER MONTH BIWEEKLY PER HOUR

OTHER INCOME* _____ SOURCE _____

*Alimony, child support or maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit.

CO-APPLICANT SPOUSE GUARANTOR
 I AM A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN

OTHER APPLICANT

NAME _____ HOME PHONE _____ WORK PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTH DATE _____ CREDIT UNION ACCOUNT _____ SOCIAL SECURITY _____

CURRENT EMPLOYER _____ POSITION _____

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This statement is submitted to obtain credit and I (we) certify that all information is true and complete. I (we) also understand that it is a federal crime to willfully and deliberately provide incomplete information on credit applications made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA. I (We) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my (our) credit standing.

APPLICANT'S SIGNATURE _____ DATE _____

OTHER APPLICANT SIGNATURE _____ DATE _____

CREDIT UNION INFORMATION – DO NOT WRITE IN THIS SECTION - FOR CREDIT UNION USE ONLY.

Describe counter offer _____

Specific reason for rejection _____

Signatures:
 Loan Officer _____ Date _____

**EQUAL
 OPPORTUNITY
 LENDER**

MEMBER SERVICES: SHARE DRAFT ATM/DEBIT CARD AUTOPAYMENT/PAYROLL VISA