



**Maine Highlands**  
**FEDERAL CREDIT UNION**  
 Personal service. Shared value.

www.MaineHighlandsCreditUnion.com

P.O. Box 233 • Dexter, ME 04930 • (207) 924-5544 • 888-806-6920 • Fax (207) 924-7527  
 P.O. Box 697 • Guilford, ME 04443 • (207) 876-4041 • Fax (207) 876-3701  
 P.O. Box 507 • Dover-Foxcroft, ME 04426 • (207) 564-8644 • Fax (207) 564-3920  
 P.O. Box 1267 • Greenville, ME 04441 • (207) 695-0316 • Fax (207) 695-8939  
 P.O. Box 716 • Brownville, ME 04414 • (207) 965-8377 • Fax: (207) 965-8477



**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:** Each Applicant must **individually** complete the appropriate section below. If Co-Borrower is spouse of the Applicant, mark the Co-Applicant box.  
**Guarantor:** Complete the **Other** section if you are a guarantor on an account/loan.

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.

**LOANLINER® Account/Loan:**  Individual  Joint Amount Requested \$ \_\_\_\_\_ Purpose/Collateral: \_\_\_\_\_  
 (Including ATM/Debit Card Access to the Account if Available)

**Payment Protection**  Single Credit Disability Insurance  Single Credit Life Insurance  Joint Credit Disability Insurance  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.

**Applicant**

NAME (Last - First - Initial)

ACCOUNT NUMBER SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER / STATE E-MAIL ADDRESS

BIRTH DATE HOME PHONE BUSINESS PHONE/ EXT.

PRESENT ADDRESS (Street - City - State - Zip)  OWN  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:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

**Other:**  Co-Applicant  Spouse  Other

NAME (Last - First - Initial)

ACCOUNT NUMBER SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER / STATE E-MAIL ADDRESS

BIRTH DATE HOME PHONE BUSINESS PHONE/ EXT.

PRESENT ADDRESS (Street - City - State - Zip)  OWN  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:  
 MARRIED  SEPARATED  UNMARRIED (Single - Divorced - Widowed)

**Employment/Income** START DATE

NAME AND ADDRESS OF EMPLOYER

**NOTICE:** ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

EMPLOYMENT INCOME OTHER INCOME  
 \$ PER \$ PER  
 NET  GROSS SOURCE

**Employment/Income** START DATE

NAME AND ADDRESS OF EMPLOYER

**NOTICE:** ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.

EMPLOYMENT INCOME OTHER INCOME  
 \$ PER \$ PER  
 NET  GROSS SOURCE

**State Law Notices**

**OHIO RESIDENTS ONLY:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy 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.

**WISCONSIN RESIDENTS ONLY:** (1) No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy

of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened. (2) Please sign if you are **not** applying for this account or loan with your spouse. The credit being applied for, if granted, will be incurred in the interest of the marriage or family of the undersigned.

**X** SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

**X** SIGNATURE FOR WISCONSIN RESIDENTS ONLY DATE

**Signatures**

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.

**X** (SEAL)  
 APPLICANT'S SIGNATURE DATE

**X** (SEAL)  
 OTHER SIGNATURE DATE