evolve FCU Loan Application

Please print this form, fill out and fax to 915-633-1319

| Primary Applicant * SSN | * First Name | | * Last Name | | |
|---|---|--|---|--|--|
| * Date of Birth (mm/dd/yy) | * Contact Phone Number | | Email Address | | |
| * Street Address | | | * Apartment Number | | |
| * City | * State | | * Zip Code | | |
| Employment Information * Current Employer | * Monthly Salary | * Duration o | f Employmen | | nth(s), |
| Co- Applicant * SSN | * First Name | | * Last Name | è | |
| * Date of Birth (mm/dd/yy) | * Contact Phone Number | | Email Address | | |
| * Street Address | | * Apartment Number | | | |
| * City | * State | | * Zip Code | | |
| Employment Information * Current Employer | * Monthly Salary | * Duratio | on of Employ | | |
| * What type of loan do you war | nt? * Loan Amount | | year(s), | | month(s), |
| | | | | | |
| Disclosures Credit Report Disclosures: By signing the loan application I/we aut Loan Confirmation Disclosure: By signing the loan application you pron authorize the credit union to obtain cred rates on their loan products and that the discounts based upon your relationship Fact Act Notice Disclosure: We may furnish information about your be reflected in your credit report. USA Patriot Act Disclosure: Federal law requires all financial institut for your name, address, date of birth, an | mise that everything you have stated that everything you have stated on the rate and term of your loan may do with the credit union. The account to consumer reporting agonic tions to obtain, verify, and record it | d in this applicatis loan applicatie pend upon an e encies. Late or notes that | tion is true and co on. You understa valuation of your missed payments identifies each pe | orrect to the best and that the lende past credit histor or other defaults erson who opens | er may offer a range of ry and any applicable on your account(s) cou |
| * Represents Required Fields | | |] 🕳 . | | |
| Primary Signature | | | Date: | | |

Joint Owner Signature

Date: