



ACBA FEDERAL CREDIT UNION

307 FOURTH AVE.: SUITE 801 - PITTSBURGH, PA 15222

Phone: 412-391-7242 ♦ Fax: 412-391-1945

Amount Requested: _____ Purpose: _____ Acct#: _____

Rapid Application

APPLICANT DATA:

Name: _____

Social Security #: _____

Address: _____

I can be reached at _____

This is my (circle one): Cell # Home#

Years at this address: _____

Birth Date: _____ Own/Rent: _____ OR Monthly Rental Cost: _____

Monthly Mortgage: _____

Utilities Included: _____

INCOME DATA: (attach income verification for all income to be considered)

Employer: _____

Years of Service: _____

Address: _____

Work Phone: _____

Gross Income: _____

Other Income: Source: _____

Gross Income: _____

COVERAGE SELECTION

CREDIT LIFE AND/OR CREDIT DISABILITY INSURANCE (ON THE LOAN)

TO QUALIFY FOR INSURANCE, YOU MUST BE: 1) UNDER AGE 65, & 2) WORKING AT LEAST 25 HOURS A WEEK

- Single (or joint life insurance): YES _____ NO _____
- Single disability insurance: YES _____ NO _____

It is a federal crime to willfully provide incomplete and/or incorrect information on any loan application presented to a federal credit union.

By my signature, I certify that all information stated in this application is correct to the best of my knowledge authorize the credit union to obtain reports in connection with this application understand that agreeing to payments taken out through payroll deduction or ACH increased the amount I was able to borrow, and I agree to honor the repayments terms agreed to for the life of the loan.

APPLICANT'S SIGNATURE: _____

DATE: _____