

**Golden Valley Federal
Credit Union**

409 West Center Street
Manteca, CA 95336

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	DATE
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<p>Applicant Information PRINT OR TYPE ALL INFORMATION</p> <p>1. If You live in a community property state, are You: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed)</p> <p>2. Married applicants can apply for individual credit. Indicate If You would like: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit with Your Spouse/Co-Applicant</p> <p>3. Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Transfer <input type="checkbox"/> Cash Payment</p> <p>4. Frequency of Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly</p>	<p>Spouse/Co-Applicant Information</p> <p>5. Complete Spouse/Co-Applicant Information only if: a. This is for joint credit with Your Spouse or other Co-Applicant. b. Your Spouse will use Your Account. c. You are relying on Your Spouse's income as a source of repayment for the credit requested. d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico).</p> <p>6. Definitions: Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.</p>
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Open-End Credit Applied For:

Signature Line of Credit - Limit Desired \$ _____

VISA - No. of Cards ____ - Limit Desired \$ _____

Share Secured VISA - No. of Cards ____ - Limit Desired \$ _____

Overdraft Protection - Limit Desired \$ _____

Other _____

Closed-End Credit Applied For:

Type: New Auto Used Auto Signature Other (specify) _____

Desired Payment Amount \$ _____ Weekly Bi-Weekly Monthly

Amount Requested \$ _____ Length of Repayment Mos. _____

Purpose _____

Collateral Offered _____

If You are applying for a Credit Card, please refer to the third page for important rate, fee and cost information.

APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)
CITY	STATE	ZIP
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE ()	NO. OF DEPENDENTS AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

SPOUSE/CO-APPLICANT/CO-SIGNER

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)
CITY	STATE	ZIP
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE ()	NO. OF DEPENDENTS AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

EMPLOYMENT AND INCOME If self-employed or retired, attach financial statement or income tax returns.

CURRENT EMPLOYER		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE ()	POSITION	MO. GROSS INCOME \$
FORMER EMPLOYER	POSITION	YEARS
OTHER INCOME SOURCE*	MONTHLY AMOUNT \$	

CURRENT EMPLOYER		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE ()	POSITION	MO. GROSS INCOME \$
FORMER EMPLOYER	POSITION	YEARS
OTHER INCOME SOURCE*	MONTHLY AMOUNT \$	

* You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME AND ADDRESS	APPROX. BAL.
Checking		
Savings		
Other		

TYPE	BANK (OR OTHER) NAME AND ADDRESS	APPROX. BAL.
Checking		
Savings		
Other		

A = Applicant C = Spouse/Co-Applicant
 D = Debts to be paid off if loan is granted

Credit Information. Please list all open accounts. Attach separate sheet if necessary.

Please Check			Name of Creditor List all obligations including Golden Valley Federal Credit Union Loans	Mo. Payments	Balance Owed	Amount Past Due
A	C	D				
			1.			
			2.			
			3.			
			4.			
			5.			
			6.			
			7.			
			8.			
			9.			
			10.			

Please answer the following questions. If a yes answer is given, explain on an attached sheet.				A		C		TOTALS		\$	\$				
				Yes	No	Yes	No								
1. Have You filed a petition for bankruptcy in the last 14 years?								Please Check: A = Applicant C = Spouse/Co-Applicant/Co-Signer		Yes	A	No	Yes	C	No
2. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____								4. Have You any obligations not listed?							
3. Have You any suits pending, judgments filed, alimony or support awards against You?								5. Do You have any past due bills?							
								6. Is any income You have listed likely to reduce in the next two years?							

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a credit card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid credit card balance.**

You hereby acknowledge Your intent to apply for joint credit _____
 _____ Applicant's Initials _____ Co-Applicant's Initials

X _____ X _____
 SIGNATURE OF APPLICANT DATE SIGNATURE OF SPOUSE/CO-APPLICANT/CO-SIGNER DATE

Share Secured VISA Applicants: If Your credit is approved, You grant Us a specific pledge of shares in Your Share Account identified below and for the amount specified below (120% of Your approved credit limit):
 Share Account Number _____ Amount \$ _____

DO NOT WRITE BELOW - FOR CREDIT UNION USE ONLY

DATE	APPROVED LIMITS	VISA	OVERDRAFT PROTECTION	OTHER	OTHER
		\$	\$	\$	\$
LOAN OFFICER			LOAN OFFICER		
LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED.			LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED.		
DESCRIBE COUNTER OFFER:					
SPECIFIC REASON(S) FOR REJECTION					
OUTSIDE INFORMATION CONSIDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE					
REASON(S) FOR REFERRAL					
LOAN OFFICER SIGNATURE		DATE		LOAN OFFICER SIGNATURE	
				DATE	
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION SENT OR DELIVERED ON			(DATE) BY		(INITIALS)

Important VISA Credit Card Disclosure. The following disclosure represents important details concerning Your Credit Card. The information about costs of the Card are accurate as of _____. You can call or write Us at the telephone number or address shown herein to inquire if any changes occurred since the effective date.

Interest Rate and Interest Charges	
Annual Percentage Rate (APR) For Purchases	VISA - 13.20% Share Secured VISA - 17.99%
Annual Percentage Rate (APR) For Balance Transfers	VISA - 13.20% Share Secured VISA - 17.99%
Annual Percentage Rate (APR) For Cash Advances	VISA - 13.20% Share Secured VISA - 17.99%
How to Avoid Paying Interest on Purchases	We will not charge You interest on purchases if You pay Your entire balance owed each month within 25 days of Your statement closing date.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a Credit Card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .

Fees	
Transaction Fees • Foreign Transaction	_____ % of each foreign currency transaction in U.S. dollars. _____ % of each U.S. Dollar transaction that occurs in a foreign country.
Penalty Fees • Late Payment • Returned Payment	Up to \$15.00 after 10 days Up to \$20.00

How We Will Calculate Your Balance: We use a method called "average daily balance (including new purchases)." See Your Account Agreement for details.