



CERTIFIED FEDERAL CREDIT UNION
 5601 E. Washington Blvd. • City of Commerce, CA 90040
 (323) 723-8991 • (800) 228-3701 (Outside Local Area)

(Fill out this Advance Request only if you have completed
 a EasyApp Credit Application within the last two years)

FIXED RATE VARIABLE RATE

PLEASE RETURN WITH
 COPY OF CHECK STUB

MEMBER ACCOUNT NO.	DATE
--------------------	------

SECTION "A" LOAN ADVANCE INFORMATION

<input type="checkbox"/> LINE OF CREDIT <input type="checkbox"/> SIGNATURE LOAN ADVANCE AMOUNT REQUESTED \$ _____ PURPOSE _____	<input type="checkbox"/> PRE-APPROVED AUTO <input type="checkbox"/> SHARE SECURED <input type="checkbox"/> NEW AUTO <input type="checkbox"/> USED AUTO <input type="checkbox"/> OTHER _____	PAYMENT METHOD (CHECK ONE BOX ONLY) <input type="checkbox"/> CASH PAYMENT <input type="checkbox"/> PAYROLL DEDUCTION
	AMOUNT REQUESTED \$ _____	INSURANCE IN EFFECT ON THIS ADVANCE: DISABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO SINGLE LIFE <input type="checkbox"/> YES <input type="checkbox"/> NO JOINT LIFE <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION "B" MEMBER INFORMATION

(APPLICANT) FIRST NAME	INITIAL	LAST NAME (JR. SR.)	AGE	(SPOUSE / CO-APPLICANT) FIRST NAME	INITIAL	LAST NAME	AGE
CURRENT ADDRESS	YRS	MOS	RENTS <input type="checkbox"/>	CURRENT ADDRESS	YRS	MOS	RENTS <input type="checkbox"/>
CITY			BUYING <input type="checkbox"/>	CITY			BUYING <input type="checkbox"/>
			OTHER <input type="checkbox"/>				OTHER <input type="checkbox"/>
LENGTH AT FORMER STREET ADDRESS	HOME PHONE NO.	WORK PHONE NO.	AGES OF DEPENDENTS				
YRS	MOS	()	()				
APPLICANT'S PRESENT EMPLOYER	EMPLOYER ADDRESS	TIME WITH COMPANY	YRS	MOS	GROSS MO. INCOME	\$	
SPOUSE/CO-APPLICANT'S PRESENT EMPLOYER	EMPLOYER ADDRESS	TIME WITH COMPANY	YRS	MOS	GROSS MO. INCOME	\$	
OTHER INCOME (DO NOT LIST ALIMONY, CHILD OR SPOUSAL SUPPORT OR SEPARATE MAINTENANCE PAYMENTS UNLESS YOU WISH THEM CONSIDERED AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED. IF LISTED, VERIFICATION MAY BE REQUESTED).						OTHER INCOME	\$

SECTION "C" NEW DEBTS SINCE LAST ADVANCE REQUEST (Credit could be delayed or denied if not complete)

NAME OF CREDITOR	BALANCE	MONTHLY PAYMENT	NAME OF CREDITOR	BALANCE	MONTHLY PAYMENT
RENT OR MORTGAGE PAYMENT	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
TOTAL MONTHLY PAYMENTS					\$

ARE ANY OF YOUR DEBTS PAST DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU HAD AUTO, FURNITURE OR OTHER PROPERTY REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE _____	HAVE YOU FILED OR DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE _____	ARE ANY SUITS PENDING OR JUDGMENTS UNSATISFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	------------	---	------------	--

MEMBER PLEASE NOTE: Please review all information given on this sheet. If any information is not correct please notify the Credit Union prior to negotiating, endorsing or otherwise using any monies advanced with this document. Signing below or by endorsement, negotiation, or use of any funds disbursed by this document constitutes your agreement with all information shown on this entire sheet and acknowledges your prior receipt of the Open-End Loan and Security Agreement and Attachment "Schedule A".

X SIGNATURE OF BORROWER	DATE _____	X SPOUSE / CO-APPLICANT (IF APPLICABLE)	DATE _____
----------------------------	------------	--	------------

ENCLOSE CURRENT PAYSTUB

IAPE PAYSTUB HERE