



P. O. Box 232  
Hancock's Bridge, NJ 08038  
Phone: (856) 339-5099  
Fax: (856) 339- 7321  
[www.psegnuclearcreditunion.com](http://www.psegnuclearcreditunion.com)

## Application:

### How to Apply:

- Please Complete Application, date and sign
- Return Application to the Credit Union attached with a copy of your most recent pay stub.
- Email or fax documents to [psegloans@gmail.com](mailto:psegloans@gmail.com) or 856-339-7321

**Note & Complete:** Married Applicants may apply for a separate account. Check appropriate box to indicate Individual Credit or Joint Credit.

Individual Credit  Joint Credit

Amount Requesting: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_ Term: \_\_\_\_\_

\*\*\*\* Payments will be accepted through payroll deduction or direct deposit. \*\*\*\*

(Last, First, Initial) Account #: \_\_\_\_\_ (Last, First, Initial) Account #: \_\_\_\_\_

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

SSN: \_\_\_\_\_ Active Military: Y  N  SSN: \_\_\_\_\_ Active Military: Y  N

Birth Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work Ext: \_\_\_\_\_ Phone #: \_\_\_\_\_ Work Ext: \_\_\_\_\_

Applicant & Co-Applicant:

Current Address: \_\_\_\_\_

Years at Address \_\_\_\_\_  Own  Rent *If renting, monthly payment: \_\_\_\_\_*

*If less than 3 years from current address*

Previous Address: \_\_\_\_\_

Years at Address \_\_\_\_\_  Own  Rent *If renting, monthly payment: \_\_\_\_\_*

### Statement of Intent: Optional check one if desired

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 effective.

Credit Disability Insurance  Single Credit Life Insurance  Joint Credit Life Insurance

### Signatures:

If there are any important changes, you will notify us in writing immediately. You also agree to notify us any change in names, a address, or employment within a reasonable time thereafter. You also promise that everything that you have stated on the application is correct to the best of your knowledge. You authorize the credit union to obtain credit reports in connection with this application for credit update, renewals or extensions of the credit received. 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. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan application made to Federal Credit Union or State Chartered Credit Union Insured by NCUA.

X  
Applicant's Signature Date

X  
Co-Applicant's Signature Date