



- ◆ Complete and sign the Application. Then, either bring it or fax it to a branch
- ◆ If employed, provide a copy of your most recent Paystub(s) for all employment income.
- ◆ If Self-employed, provide a copy of the first page of your most recent 1040 Tax Return.
- ◆ For a Vehicle loan purchased from a Dealer, provide a copy of the Purchase Order
- ◆ To pay off a creditor from the proceeds, provide the Creditor's name and address, and your account number with the Creditor, along with the amount you want to pay.

You are liable for the entire debt even if there is another applicant. Credit you are applying for is: <input type="checkbox"/> Individual <input type="checkbox"/> Joint	
Name (First-Middle-Last-Suffix): _____ Member # _____	
SSN /Taxpayer _____ Birthdate: (MM-DD-YYYY) _____	
Amount or Limit Requested: \$ _____ .00	Pay by: <input type="checkbox"/> Payroll Deduction – Richmond City Employee # _____ <input type="checkbox"/> Cash or Check <input type="checkbox"/> Transfer from RVFPCU Acct # _____
Credit Requesting. Check the credit type and complete all information requested that relates to the type	
<input type="checkbox"/> Add-on	Purpose _____ <i>Add loan to this RVFPCU loan account:</i> _____
<input type="checkbox"/> Personal	Purpose _____ Term Desired _____ (months)
<input type="checkbox"/> Vehicle	Purpose: <input type="checkbox"/> Buy <input type="checkbox"/> Use Title as Collateral <input type="checkbox"/> Refinance – acct. # with Lender _____ Type: <input type="checkbox"/> Car-SUV-Truck <input type="checkbox"/> Boat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> RV <input type="checkbox"/> Motorcycle Term Desired _____ (months) Vehicle ID # (VIN) _____ Year _____ Make _____ Model _____ Mileage _____ Vehicle Options _____ If Purchase or Refinance: Seller/Lender Name _____ Address _____
<input type="checkbox"/> Credit Card	Request is for: <input type="checkbox"/> NEW Credit Card account <input type="checkbox"/> INCREASE to existing Credit Card account <i>To issue a card to a non-applicant and for whose charges you will be liable, provide Name below:</i> First Name, Middle Initial & Last Name _____
<input type="checkbox"/> Overdraft	An Overdraft Protection Line of Credit for a Share Draft (Checking) Account # _____
<input type="checkbox"/> Share	Security: <input type="checkbox"/> Savings <input type="checkbox"/> Certificate Securing Acct # _____ Term Desired _____ (months)
Optional Loan Protection Insurance	
Not available for a Credit Card or Overdraft products. Insurance offered by a third-party and not by RVFPCU. An application disclosing costs, terms and conditions must be signed. Restrictions apply.	
Select coverage you are interested in: <input type="checkbox"/> None <input type="checkbox"/> Credit Disability <input type="checkbox"/> Credit Life	

RVFPCU Use	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date	Loan Officer	Notes:
	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Counteroffer			



Your Personal Information	Your RVFPCU Member # _____
Are you a USA citizen or Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No Country of Citizenship _____	
• Home Address (physical - no PO Box) #/Street _____ City _____ State _____ Zip _____	
• Mailing (if different from Home Address) #/Street _____ City _____ State _____ Zip _____	
• Previous (if not at Home for 2-years) #/Street _____ City _____ State _____ Zip _____	
Time at home address ____ Year ____ Months Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Payment \$ _____ .00	
Contact Phone # (____) _____ Work Phone # (____) _____	
If you pay Child Support or Alimony, list monthly payment: Child Support \$ _____ .00 Alimony \$ _____ .00	
Information about the nearest relative that does not live with you: Relationship _____ Name _____ Phone # _____ #/Street _____ City _____ State _____ Zip _____	
Employer	
Employer _____ Position or Title _____	
Hours per week ____ Hire Date (MMDDYYYY) _____ Monthly Salary (before deductions) \$ _____	
If Hire Date less than 2-years, identify any previous Employer: _____	
Other Income (Do not reveal Alimony, Child Support or separate maintenance income unless it is a basis for repaying this debt)	
Other Income (Name or Type) _____ Monthly Gross Income \$ _____	
Other Income (Name or Type) _____ Monthly Gross Income \$ _____	
Signature. You are attesting that you agree, and accept all of the following; otherwise do not sign or submit this Application	
<p>(1) I request that RVFPCU grant the credit requested on Page 1 of this Application. (2) I agree that I am liable for the entire debt even if there is another Applicant. (3) I authorize RVFPCU to obtain my consumer report in connection with this Application and for any update, renewal or extension of credit or services received. (4) I authorize RVFPCU to verify all information provided by me for the purpose of obtaining credit and I authorize other parties to release to RVFPCU, any and all information about their experience with me. (5) I understand it is a federal crime to willfully and deliberately provide incomplete or incorrect information on an Application made to a credit union insured by NCUA. (6) I agree to notify RVFPCU immediately about any important changes, such as a change to my name, address or employment. (7) In the event civil collection becomes necessary, I consent to venue in the courts in the City of Richmond, VA. (8) If this is a credit card request, I received and agree to the Credit Card Disclosures & Agreement. (9) If this is not a credit card request, I received and agree to the Loan Addendum and Loan Rates disclosures. (10) If RVFPCU grants this credit request, I pledge all my shares and any vehicle collateral securing this, or any other RVFPCU debt that I owe, as security for all RVFPCU debt that I owe, including any credit card debt.</p>	
Applicant's Signature _____ Date Signed _____	