



STATE HIGHWAY PATROL FEDERAL CREDIT UNION

6161 Busch Blvd., Suite 215
Columbus, Ohio 43229-2568
Phone: (614) 431-0784 or 1-800-282-3006
FAX: (614) 431-1158
www.shpfcu.org



Application

Individual Credit: You must complete the Applicant section about yourself and the Other section about your spouse if:
1. you live in or the property pledged as collateral is located in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI),
2. your spouse will use the account, or
3. you are relying on your spouse's income as a basis for repayment.
Joint Credit: Each Applicant must individually complete the appropriate section below.
Guarantor: Complete the Other section if you are a guarantor on an account/loan.

Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account.
LOANLINER Account/Loan: Individual Joint
Amount Requested \$
Purpose/Collateral:
Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

PAYMENT PROTECTION Are you interested in having your loan protected? Yes No
If you answer "yes", then the credit union will disclose the cost of this voluntary payment protection to you. A separate election which discloses the terms and conditions must be signed for protection to be effective.

APPLICANT
NAME
PASSWORD ACCOUNT NUMBER
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER/STATE
AGES OF DEPENDENTS EMAIL ADDRESS
BIRTH DATE HOME PHONE BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip) OWN RENT LENGTH AT RESIDENCE
PREVIOUS ADDRESS (Street - City - State - Zip) OWN RENT LENGTH AT RESIDENCE
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE: MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)
EMPLOYMENT/INCOME
NAME AND ADDRESS OF EMPLOYER
TITLE/GRADE START DATE HOURS AT WORK
SUPERVISOR'S NAME IF SELF EMPLOYED, TYPE OF BUSINESS
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.
EMPLOYMENT INCOME OTHER INCOME \$ Per \$ Per
NET GROSS SOURCE
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? YES NO WHERE ENDING/SEPARATION DATE
PREVIOUS EMPLOYER NAME AND ADDRESS IF EMPLOYED LESS THAN FIVE YEARS STARTING DATE ENDING DATE
REFERENCE
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP HOME PHONE

OTHER
CO-APPLICANT SPOUSE OTHER
NAME
PASSWORD ACCOUNT NUMBER
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER/STATE
AGES OF DEPENDENTS EMAIL ADDRESS
BIRTH DATE HOME PHONE BUSINESS PHONE/EXT.
PRESENT ADDRESS (Street - City - State - Zip) OWN RENT LENGTH AT RESIDENCE
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