



Fax Completed and Signed Document to:
Main Office 405-557-2824 • Quail Springs Office 405-752-0965

ON-THE-GO LOAN APPLICATION

Amount Requested: Purpose of Loan:
Borrower's Name:
SSN: Account Number:
Address:
Length of time at address:
Home Phone: Work Phone:
Employer: Time of Employment:
Description of Employment: Gross Income:
Co-Borrower's Name:
SSN: Account Number:
Address:
Length of time at address:
Home Phone: Work Phone:
Employer: Time of Employment:
Description of Employment: Gross Income:

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. 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. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

Applicant's Signature box with arrow icon

Applicant's Signature

Date

Other Signature box with arrow icon

Other Signature

Date