



PARAGON
FEDERAL CREDIT UNION
CREDIT APPLICATION

| | |
|----------------------|------------|
| Account Number _____ | Date _____ |
|----------------------|------------|

■ Type of Credit Applied For

- Overdraft Protection Line of Credit – Limit Desired \$ _____ First Source of Coverage: Overdraft Protection Line of Credit
 Share Account
- Auto: New Used Refinance
- Bill Consolidation Secured: Share CD Stock Other (describe) _____

Amount Requested \$ _____ No. of Months _____

Repayment: 1) Billed 2) Automatic Payment: Checking Shares Money Market

If You live in a community property state, are You: Married Separated Unmarried (Single, Divorced, Widowed)

Married Applicants may apply for individual credit. Would You like: Individual Credit Joint Credit with Your Spouse

Please Provide the following Required Documentation as applicable:

- *Proof of Income – Most recent pay stub.*
- *Self Employed – Prior 2 years tax returns including Sch.C.*
- *Debt Consolidation – Copy of Bills.*
- *Vehicle Loan – Purchase Order, Notarized letter from seller, or payoff letter.*
- *Other documents may be required upon request.*

■ Definitions

Whenever used in this application, the words You and Your refer to the applicant(s), and the words We, Us, and Our refer to Paragon Federal Credit Union.

- Complete all the questions, or answer N/A. We are unable to process incomplete applications.
- Sign the Application.
- Sign the Insurance Authorization on the reverse side.
- Complete Spouse information only if the following apply: ♦ This is for joint credit with Your Spouse. ♦ Your Spouse will use Your Account.
 ♦ You're relying on Your Spouse's income. ♦ You live in a community property state: AZ, CA, ID, LA, NM, NV, TX, WA, WI (or Puerto Rico).

■ Applicant

Spouse/Co-Applicant **Guarantor/Co-Signer**

| | | |
|---|--------------------|-------------------------------------|
| Last Name | First Name | Middle Initial |
| Home Address | City | State Zip |
| Driver's License Number | Date of Birth | |
| Social Security Number | Home Telephone | |
| Name of Employer <input type="checkbox"/> Self Employed | Business Telephone | |
| City | State | Zip Gross Annual Pay |
| Job Title | Date Employed | Prior Employer if less than 2 years |
| Home: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other | | Mortgage or Rent Payments |
| Other Income (Source/Amount)* | | Mother's Maiden Name |
| Name, Address and Telephone Number of Personal Reference | | |

| | | |
|---|--------------------|-------------------------------------|
| Last Name | First Name | Middle Initial |
| Home Address | City | State Zip |
| Driver's License Number | Date of Birth | |
| Social Security Number | Home Telephone | |
| Name of Employer <input type="checkbox"/> Self Employed | Business Telephone | |
| City | State | Zip Gross Annual Pay |
| Job Title | Date Employed | Prior Employer if less than 2 years |
| Home: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other | | Mortgage or Rent Payments |
| Other Income (Source/Amount)* | | Mother's Maiden Name |
| Name, Address and Telephone Number of Personal Reference | | |

***NOTE:** Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered as a basis for repaying this credit request.

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■ Signatures

You warrant the truth of the information provided herein and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You and, You hereby authorize same to obtain a consumer credit report from a consumer credit reporting agency, for the purpose of evaluating Your credit history in connection with such credit request. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of the Credit Line Account Agreement and Disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

You hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials Co-Applicant's Initials

| | | | |
|---------------------------|------------|---|------------|
| Applicant Signature _____ | Date _____ | Spouse/Co-Applicant/Guarantor/Co-Signer _____ | Date _____ |
|---------------------------|------------|---|------------|

Savings Secured Applicants: If Your credit is approved, You grant Us a specific pledge of shares in Your Share Account identified below and for the amount specified:

Account Number _____ Amount \$ _____

■ Optional Credit Insurance

Credit Life and/or Disability Insurance are not required to obtain credit under this plan and, for Credit Line Accounts, will be included only if requested by the APPLICANT. The insurance rates for Credit Line Accounts are shown below. For Credit Line Accounts, the insurance charge is calculated each month by multiplying the outstanding indebtedness/sum of the remaining monthly payments (as appropriate) of the Account on the last day of that month by the rate shown. Your Credit Union can tell You what Your Account balance is and how many months are required to repay Your Account. FOR EXAMPLE: If You have applied for Credit Disability Insurance on Overdraft Protection Credit Line Accounts and Your scheduled monthly payment on an advance is \$50 with a repayment term of 24 months, Your total of payments will be \$1,200 (\$50 x 24). From the table below, the rate for Credit Disability on Overdraft Protection Credit Line Accounts is \$0.98 single coverage. In this example, the total of payments (\$1,200) is divided by 1,000 and then multiplied by the rate of \$0.98 for Credit Disability, which equals the monthly premium of \$1.18.

**CREDIT LIFE INSURANCE RATE PER MONTH PER \$1,000 OF OUTSTANDING INDEBTEDNESS - SINGLE COVERAGE-\$0.62 JOINT LIFE-\$0.93 FOR ALL LOAN TERMS
OVERDRAFT PROTECTION CREDIT DISABILITY INSURANCE - SINGLE COVERAGE RATE PER MONTH PER \$1,000 OF THE SUM OF THE REMAINING MONTHLY DISABILITY BENEFITS.**

| LATEST PROJECTED LOAN TERM | RATE | LATEST PROJECTED LOAN TERM | RATE | LATEST PROJECTED LOAN TERM | RATE | LATEST PROJECTED LOAN TERM | RATE | LATEST PROJECTED LOAN TERM | RATE | LATEST PROJECTED LOAN TERM | RATE | LATEST PROJECTED LOAN TERM | RATE | LATEST PROJECTED LOAN TERM | RATE | LATEST PROJECTED LOAN TERM | RATE | LATEST PROJECTED LOAN TERM | RATE | | | |
|----------------------------|--------|----------------------------|--------|----------------------------|--------|----------------------------|-------|----------------------------|-------|----------------------------|-------|----------------------------|-------|----------------------------|-------|----------------------------|-------|----------------------------|-------|-----|-------|-----|
| 1 | \$.90 | 11 | \$1.35 | 21 | \$1.03 | 31 | \$.86 | 41 | \$.76 | 51 | \$.69 | 61 | \$.64 | 71 | \$.59 | 81 | \$.57 | 91 | \$.54 | 101 | \$.52 | 111 |
| 2 | 1.14 | 12 | 1.33 | 22 | 1.01 | 32 | .85 | 42 | .75 | 52 | .68 | 62 | .63 | 72 | .59 | 82 | .56 | 92 | .54 | 102 | .52 | 112 |
| 3 | 1.31 | 13 | 1.28 | 23 | .99 | 33 | .84 | 43 | .74 | 53 | .68 | 63 | .63 | 73 | .59 | 83 | .56 | 93 | .54 | 103 | .52 | 113 |
| 4 | 1.41 | 14 | 1.24 | 24 | .98 | 34 | .83 | 44 | .73 | 54 | .67 | 64 | .63 | 74 | .58 | 84 | .56 | 94 | .54 | 104 | .52 | 114 |
| 5 | 1.44 | 15 | 1.19 | 25 | .96 | 35 | .82 | 45 | .73 | 55 | .67 | 65 | .62 | 75 | .58 | 85 | .56 | 95 | .54 | 105 | .52 | 115 |
| 6 | 1.50 | 16 | 1.16 | 26 | .94 | 36 | .81 | 46 | .72 | 56 | .66 | 66 | .62 | 76 | .58 | 86 | .56 | 96 | .53 | 106 | .52 | 116 |
| 7 | 1.46 | 17 | 1.13 | 27 | .92 | 37 | .80 | 47 | .71 | 57 | .66 | 67 | .61 | 77 | .58 | 87 | .55 | 97 | .53 | 107 | .52 | 117 |
| 8 | 1.42 | 18 | 1.10 | 28 | .90 | 38 | .78 | 48 | .71 | 58 | .65 | 68 | .61 | 78 | .58 | 88 | .55 | 98 | .53 | 108 | .51 | 118 |
| 9 | 1.40 | 19 | 1.07 | 29 | .89 | 39 | .78 | 49 | .70 | 59 | .65 | 69 | .60 | 79 | .57 | 89 | .55 | 99 | .53 | 109 | .51 | 119 |
| 10 | 1.37 | 20 | 1.05 | 30 | .88 | 40 | .77 | 50 | .69 | 60 | .65 | 70 | .60 | 80 | .57 | 90 | .55 | 100 | .53 | 110 | .51 | 120 |

If You applied for Credit Insurance, You authorize the Credit Union to add the required premiums to Your Account, charge a Finance Charge on the premiums at the rate which applies to Your Account, and forward the premium collected from You to the Insurance Company.

OPEN – END CREDIT INSURANCE COVERAGE APPLIED FOR - Overdraft Protection (if eligible)

(1) Disability:* YES NO Debtor or Co-Debtor (2) Single Life: YES NO (3) Joint Life: YES NO

*Disability Insurance is only provided for one Debtor. If Disability Coverage is indicated for both the Debtor and Co-Debtor coverage will be provided for the Debtor only.

CLOSED – END CREDIT INSURANCE COVERAGE APPLIED FOR

You must CHECK ONE OR MORE of the boxes below.

You are interested in Credit Disability Insurance - single coverage joint coverage You are interested in Credit Life Insurance - single coverage joint coverage
You are not interested in Credit Insurance

X _____
SIGNATURE OF APPLICANT DATE

X _____
SIGNATURE OF SPOUSE/CO-APPLICANT DATE