



**Automatic Payment Change Request Form**

**Automatic Payment Authorization:**

Name: \_\_\_\_\_

Payment Acct# (if applicable) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

You are currently withdrawing \$\_\_\_\_\_ (amount) from my account \_\_\_\_\_  
(account or identifying #) from the following bank account:

\_\_\_\_\_

old bank

\_\_\_\_\_

Bank routing number

\_\_\_\_\_

Account number

I have recently changed my bank account and would like you to start withdrawing my payments from the following account:

TransWest Credit Union

Routing Number: 324079115

Account #: \_\_\_\_\_

Savings

Checking



**loans** made easy.

### Account Closure Form

To Whom It May Concern:

Please close my account and send a check for the remaining balance to me at the address below.

If you have any questions about this request, please contact me at (\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
Previous Financial Institution

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Primary account holder (please print)

\_\_\_\_\_  
Primary's Signature

\_\_\_\_\_  
Secondary account holder (please print)

\_\_\_\_\_  
Secondary's Signature

I authorize this closure of my account to take effect on \_\_\_/\_\_\_/\_\_\_

Please transfer the remaining balance to: TransWest Credit Union  
37 W 1700 S  
Salt Lake City, UT 84065  
801-487-1692

TransWest Routing Number: 324079115

Account #: \_\_\_\_\_ Savings  Checking

# DIRECT DEPOSIT FORM



You can now take advantage of the convenience and security of receiving automated payroll deposits to TransWest Credit Union.

By choosing to have your paycheck automatically deposited to the account of your choice, you can...

- Eliminate trips or mailings to the credit union to deposit your paycheck.
- Enjoy the benefit of knowing your check is already in your account before the credit union opens in the morning.
- Eliminate the danger of lost or stolen checks.

Obtaining the benefits of a direct deposit service takes only three easy steps:

1. Check with your employer and make sure they can send EFT direct deposits.
2. Call TransWest Credit Union at **(801) 487-1692** and make sure you have the right account number format listed for depositing your check correctly.
3. Fill out the authorization form below with your account information and give it to your payroll department.

If you have any further questions please feel free to call TransWest Credit Union at **(801) 487-1692**.

**SALT LAKE BRANCH**  
37 West 1700 South  
Salt Lake City, UT 84115

**TAYLORSVILLE BRANCH**  
6189 South Redwood Road  
Taylorsville, UT 84123

**SANDY BRANCH**  
10692 South State Street  
Sandy, UT 84070

**COTTONWOOD BRANCH**  
2277 East Fort Union Blvd  
Salt Lake City, UT 84124

**GARFIELD BRANCH**  
9024 West 2700 South  
Magna, UT 84044

**801.487.1692**  
[www.transwestcu.com](http://www.transwestcu.com)

(give this portion to your employer)

## DIRECT DEPOSIT AUTHORIZATION

This is an authorization to have my net pay automatically deposited each pay period to my (select one):

- Checking**  
 **Savings**

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Payroll ID Number

TransWest Credit Union routing & transit number: **3240 7911 5**  
P.O. Box 65218, SLC UT 84165-0218  
(801) 487-1692

Deposit to account number \_ \_ \_ \_ \_

Print Form

Submit by Email



# NEW MEMBER APPLICATION



Individual  Joint  Business  Trust

Member Number \_\_\_\_\_

Password (security word) \_\_\_\_\_

Savings:  
 Regular Share  
 Money Market  
 CD  
 Kids Club/Freedom  
 Other \_\_\_\_\_

Checking:  
 High Yield  
 Fat-free  
 Business  
 Freedom  
 Value

VISA Card:  
 Check  
 Classic  
 Gold  
 Platinum  
 Freedom

VISA Credit  
Amt. Desired \_\_\_\_\_

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## Personal Information

Primary's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number/Tax ID \_\_\_\_\_

DL Number/State/ Exp. Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Former Address (if less than one year) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## References

Nearest Relative Not Living With You \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Friend Not Living With You \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

## Employment

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Monthly Income \_\_\_\_\_ Other Monthly Income & Source\* \_\_\_\_\_

Note: An applicant, though married, may apply for a separate account in his or her own name. If your spouse will use this account as an authorized **user** only, please indicate his or her name as you would like it to appear on the card. If this is a **joint account**, please fill out the information below.

I have read Tax Payer Identification Number, Membership and Account Agreement and VISA Truth in Lending Information on this application and agree to be bound by the terms of this application. By using the card(s), I agree to the terms and conditions on the disclosures that will accompany the card(s). I authorize TransWest Credit Union to obtain a detailed credit report from credit and other reporting bureaus as needed.

Secondary Cardholder First \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Signature of Primary Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Joint Owner Information

**Owner #2** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ DL Number/State/Exp. \_\_\_\_\_ Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Name/ \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Monthly \_\_\_\_\_ Other Income \_\_\_\_\_ Signature of Joint Owner #2 \_\_\_\_\_ Date \_\_\_\_\_  
Years Employed \_\_\_\_\_ Income \_\_\_\_\_ and Source\* \_\_\_\_\_

**Owner #3** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ DL Number/State/Exp \_\_\_\_\_ Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Name/ \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Monthly \_\_\_\_\_ Other Income \_\_\_\_\_ Signature of Joint Owner #3 \_\_\_\_\_ Date \_\_\_\_\_  
Years Employed \_\_\_\_\_ Income \_\_\_\_\_ and Source\* \_\_\_\_\_

## Beneficiary Information

**Pay on Death Beneficiaries** I/We direct the funds in this account be payable to the owner, or joint owners (joint account) during their lifetime. Proof of the owner(s) death shall be established with certified copies of the death certificate(s). Upon death of owner, or last surviving owner (joint account) the remaining balance shall be paid in accordance to Utah Code Annotated 7-9-32 to the following persons. If no percentage rate is indicated, the beneficiaries will share equally.

Name #1 \_\_\_\_\_ Relationship \_\_\_\_\_ % \_\_\_\_\_ Address \_\_\_\_\_ Name #2 \_\_\_\_\_ Relationship \_\_\_\_\_ % \_\_\_\_\_ Address \_\_\_\_\_

Name #3 \_\_\_\_\_ Relationship \_\_\_\_\_ % \_\_\_\_\_ Address \_\_\_\_\_

**OFFICE USE ONLY:**  
Membership Eligibility \_\_\_\_\_ PAR / Branch \_\_\_\_\_

\*Alimony, child support or separate maintenance need not be revealed if you do not wish for it to be considered.

[Print Form](#) [Submit by Email](#)



# MEMBER VISA APPLICATION



Applying for \_\_\_\_\_  Individual  Joint Member Number \_\_\_\_\_ Credit Amt. Desired \_\_\_\_\_

**SALT LAKE BRANCH**  
37 West 1700 South  
Salt Lake City, UT 84115

**TAYLORSVILLE BRANCH**  
6189 South Redwood Road  
Taylorsville, UT 84123

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10692 South State Street  
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Salt Lake City, UT 84124

**GARFIELD BRANCH**  
9024 West 2700 South  
Magna, UT 84044

**801.487.1692**  
[www.transwestcu.com](http://www.transwestcu.com)

## Personal Information

Primary's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
Former Address (if less than one year) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Employment

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
Start Date \_\_\_\_\_ Position \_\_\_\_\_ Gross Mo. Inc. \_\_\_\_\_ Previous Employer \_\_\_\_\_ Years Employed \_\_\_\_\_

Own  Rent  
Home Value \_\_\_\_\_ Mortgage Balance \_\_\_\_\_ Rent/Mort. Pmt. \_\_\_\_\_

**Note:** An applicant, though married, may apply for a separate account in his or her own name. If your spouse will use this account as an authorized user only, please indicate his or her name as you would like it to appear on the card. If this is a **joint account**, please fill out the joint applicant information on this form.

I have read Tax Payer Identification Number, Membership and Account Agreement and VISA Truth in Lending Information with this application and agree to be bound by the terms of this application. By using the card (s), I agree to the terms and conditions in the disclosures that will accompany the card (s). I authorize TransWest Credit Union to obtain a detailed credit report from credit & other reporting bureaus as needed.

Secondary Cardholder First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Signature of Primary Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Joint Applicant Information

Joint Applicant's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
Former Address (if less than one year) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
Start Date \_\_\_\_\_ Position \_\_\_\_\_ Gross Mo. Inc. \_\_\_\_\_ Previous Employer \_\_\_\_\_ Years Employed \_\_\_\_\_  
 Own  Rent  
Home Value \_\_\_\_\_ Mort. Balance \_\_\_\_\_ Rent/Mort. Pmt. \_\_\_\_\_

I have read Tax Payer Identification Number, Membership and Account Agreement and VISA Truth in Lending Information with this application and agree to be bound by the terms of this application. By using the card (s), I agree to the terms and conditions in the disclosures that will accompany the card (s). I authorize TransWest Credit Union to obtain a detailed credit report from credit & other reporting bureaus as needed.

<b>Office Use Only:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Credit Limit \$ _____
VISA Acct. # _____
Loan Officer _____
Date _____

Signature of Joint Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Form

Submit by Email

**P.R.I.D.E.**  
Proactive Responsible Integrity Discipline Excellence

**Earn ScoreCard Bonus Points**

For each dollar spent on purchases using your TransWest VISA Classic, Gold and Platinum Preferred card, earn one bonus ScoreCard point automatically. You'll be amazed how quickly the points add up. Use your points to redeem great prizes including brand-name merchandise or travel awards including free round-trip coach airline or companion tickets, free car rental, or free weekend stays at hotels!

**Truth in Lending Disclosure Information**

I/We hereby agree as follows:

(1) The establishment of the account applied for is subject to approval by TransWest Credit Union. (2) All statements in the application are correct to the best of my/our knowledge. The Credit Union may check my/our credit, employment history and other statements made on this application. If this application is approved and a VISA card(s) issued, the signed applicant(s) by signing, using or permitting another to use the VISA card(s) agrees that the applicant(s) will be bound by the terms and conditions of the Agreement and Disclosure Statement accompanying the VISA card(s) and all amendments. (3) I/We agree (a) to notify the Credit Union in the event of loss or unauthorized use of the card; (b) to be responsible for all transactions made using the card and credit extended by use of the card; (c) to pay all lawful fees and collection costs, including attorney's fees if I/We default; and (d) to surrender the card upon request of the Credit Union. (4) I/We authorize issuance of my/our Personal Identification Number (PIN) so I/we may use my/our card(s) in any ATM (Automated Teller Machine). I/We agree to the terms of the ATM disclosure. (5) My/Our checking account will be accessed by use of my/our VISA check (Debit) Card. The VISA Check (Debit) Card is subject to the terms and conditions of the Cardholder Agreement and Disclosure Statement.

Annual Percentage Rate	As of 07/27/06,  VISA Platinum Card <b>11.40% APR</b>  VISA Gold Card <b>13.40% APR</b>  VISA Classic Card <b>17.40% APR</b>  VISA Freedom Check Card <b>17.40% APR</b>
Variable Rate Information	Your annual percentage rate may vary. The rate is determined quarterly by adding 3.9% for VISA Platinum, 5.9% for VISA Gold and 9.9% for VISA Classic, Visa Check and VISA Freedom cards to Prime Rate (as published in the Wall Street Journal).
Grace Period for Repayment of Balances for Purchases	You have 25 days from statement date to repay your balance before a finance charge will be imposed on new purchases.
Method of Computing the Balance for Purchases	Average Daily Balance Method.
Annual Fees for VISA Card	None
Minimum Finance Charge	\$1.00
Cash Advances	1.5% of cash advance. No grace period on cash advances.
Late Payment Fee	5% of payment or \$15.00-whichever is greater.
Over-the-limit Fee Transaction	\$15.00 at end of each statement date.
ATM Transaction Fee	None
Foreign (non CO-OP) ATM Transaction Fee	\$0.50 each after 3 transactions per month.
Point-of-sale (POS)/PIN based Transaction Fee	Free

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**Taxpayer Identification Number:**

Under penalties of perjury, I certify that:

(1) That the number shown on this form is my correct taxpayer identification number. (2) I am not subject to backup withholding because:

(a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. **NOTE:** Item (2) certifying you are not subject to backup withholding must be stricken if you have been notified by the IRS that you are subject to backup withholding.

**NOTE:** I understand that all dividends paid on any deposit will be reported to the IRS in the name of the primary owner

**Membership and Account Agreement:**

(1) Membership and account is subject to the Financial Institutions Act of 1981 or the Federal Credit Union Act, as applicable; the Articles of Incorporation and the Bylaws of the Credit Union (hereby known as CU), and the policies and procedures of the CU, including amendments or modifications. (2) The CU can charge a membership and/or service fee against this account in an amount not to exceed the maximum allowed by law. (3) Any amounts in this account, shall be pledged as collateral and shall be subject to a statutory lien for any borrowings from the CU. (4) The CU shall not be liable for any loss or damage which results from its reliance on the Account Card. The CU may release information about this account to any person having an interest in this account. (5) If this account is a checking account, the CU may honor drafts signed by any authorized person. This draft shall be subject to the terms and conditions of any checking account agreement and applicable law. (6) If this account is a joint tenancy account, the provisions of Utah Code Annotated 7-9-32 shall apply. (7) The CU can amend the terms and conditions of this Agreement at its discretion. (8) If the CU incurs attorney fees enforcing this agreement, each owner shall be responsible for those fees. (9) By signing this membership card, I certify that I have received information regarding the terms and conditions of my account and information regarding the CU's Truth-in-Savings Policy.

**VISA Truth in Lending Disclosure Information**

I/We hereby agree as follows:

(1) The establishment of the account applied for is subject to approval by TransWest Credit Union. (2) All statements in the application are correct to the best of my/our knowledge. The Credit Union may check my/our credit, employment history and other statements made on this application. If this application is approved and a VISA card(s) issued, the signed applicant(s) by signing, using or permitting another to use the VISA card(s) agrees that the applicant(s) will be bound by the terms and conditions of the Agreement and Disclosure Statement accompanying the VISA card(s) and all amendments. (3) I/We agree (a) to notify the Credit Union in the event of loss or unauthorized use of the card; (b) to be responsible for all transactions made using the card and credit extended by use of the card; (c) to pay all lawful fees and collection costs, including attorney's fees if I/We default; and (d) to surrender the card upon request of the Credit Union. (4) I/We authorize issuance of my/our Personal Identification Number (PIN) so I/we may use my/our card(s) in any ATM (Automated Teller Machine). I/We agree to the terms of the ATM disclosure. (5) My/Our checking account will be accessed by use of my/our VISA check (Debit) Card. The VISA Check (Debit) Card is subject to the terms and conditions of the Cardholder Agreement and Disclosure Statement.

Annual Percentage Rate	As of 07/27/06,  VISA Platinum Card <b>11.40% APR</b> VISA Gold Card <b>13.40% APR</b> VISA Classic Card <b>17.40% APR</b> VISA Freedom Check Card <b>17.40% APR</b>
Variable Rate Information	Your annual percentage rate may vary. The rate is determined quarterly by adding 3.9% for VISA Platinum, 5.9% for VISA Gold and 9.9% for VISA Classic, Visa Check and VISA Freedom cards to Prime Rate (as published in the Wall Street Journal).
Grace Period for Repayment of Balances for Purchases	You have 25 days from statement date to repay your balance before a finance charge will be imposed on new purchases.
Method of Computing the Balance for Purchases	Average Daily Balance Method.
Annual Fees for VISA Card	None
Minimum Finance Charge	\$1.00
Cash Advances	1.5% of cash advance. No grace period on cash advances.
Late Payment Fee	5% of payment or \$15.00-whichever is greater (\$5.00 set fee for Freedom cards).
Over-the-limit Fee Transaction	\$20.00 at end of each statement date.
Non-foreign ATM Transaction Fee ("CO-OP" ATM)	None
Foreign ATM Transaction Fee for VISA card (Non "CO-OP" ATM)	\$0.50 each after 3 transactions per month.
Foreign ATM Transaction Fee for ATM card (Non "CO-OP" ATM)	\$2.00
ATM Annual Card Fee	\$5.00

Member Signature

Date

# LOAN APPLICATION



Member Number \_\_\_\_\_ Loan Purpose \_\_\_\_\_ Amt. Requested \_\_\_\_\_

## Personal Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Previous Address (if less than two years) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ DL Number/State/Exp. Date \_\_\_\_\_

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9024 West 2700 South  
Magna, UT 84044

**801.487.1692**  
[www.transwestcu.com](http://www.transwestcu.com)

## Employment

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Start Date \_\_\_\_\_ Position \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_ Other Monthly Income and Source\* \_\_\_\_\_

## References

Nearest Relative (not living with you) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Nearest Friend (not living with you) \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

## Credit Information and Outstanding Debts

	Creditor Name	Bal. Owed	Int. Rate	Asset Value (if secured)	Monthly Pmt.
Rent / First Mortgage /	_____	_____	_____	_____	_____
Second Mortgage / Credit	_____	_____	_____	_____	_____
Cards / Automobiles /	_____	_____	_____	_____	_____
Alimony / Child Support /	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

## Current Assets

Savings Deposits (include financial institution, acct. # and balance) \_\_\_\_\_

Pension, Stock, Life Insurance, Etc. (include market value and type) \_\_\_\_\_

Are you a guarantor or co-maker of any leases, contracts or debts?  Yes  No

Are you currently party to a lawsuit?  Yes  No

Have you declared bankruptcy in the last ten years?  Yes  No

If yes to any of the previous questions, please explain.

I have read and agree to be bound by the terms of this application. To the best of my knowledge, I have no other debts. I authorize TransWest Credit Union to obtain a detailed credit report from credit and other reporting bureaus and check my employment and any other information on this application as deemed necessary by TransWest Credit Union.

Signature of Primary Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Joint Applicant Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_ DL Number/State/Exp. Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Previous Address (if less than two years) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Start Date \_\_\_\_\_ Position \_\_\_\_\_ Gross Mo. Inc. \_\_\_\_\_ Other Income and Source\* \_\_\_\_\_

I have read and agree to be bound by the terms of this application. To the best of my knowledge, I have no other debts. I authorize TransWest Credit Union to obtain a detailed credit report from credit and other reporting bureaus and check my employment and any other information on this application as deemed necessary by TransWest Credit Union.

Signature of Joint Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*Alimony, child support or separate maintenance income need not be revealed if you do not want it to be considered.

Print Form

Submit by Email

