Navy Federal® Application for Checking Line of Credit (CLOC)

For Office Use Only							
Access No.							
Checking Account No.							

Applicant Informa	ation								
Name: First		MI	L	Last Suffix		Suffix	Date of Birth (MM/DD/YY)		
Mailing Address: Street ☐ Enter "X" if a Change of Address		City	(State Zip		Zip Code	Social Security No. (SSN)		
Special Mailing Address for If Applicable	r This Loan Only: Street	City	State	Zip Code Home Phon		Home Phone No	No. Cell Phone No.		
Employer's Name									
Employer's Address: Street City State						Zip Code			
Position			Gross Monthly Salary		Office Phone No.		No. of Years		
Housing					Monthly Payment				
☐ Mortgage [☐ Own ☐ Rent	☐ Gover	Government Quarters Other				\$		
Other Income Alimony, child support, or									
separate maintenance income need not be disclosed unless		☐ Other \$ ☐ Military Allowance \$ If Part-Time or Other Income Listed, Give Name and Address of Employer						No. of Years	
applicant chooses to have such income considered.		Trate-fille of Other Income Listed, Give Name and Address of Employer of So			THORE NO.		1101 01 100.10		
Your checking account Joint Owner (if any) is an authorized user of this	Name: First MI	MI Last		Suffix	Social Security No. (SSN)		Savings No.		
CLOC. Provide Joint Owner information.	Note: If you are relying on the	ne income of another p	person to repay this loan, co	omplet	e the Co-applica	nt's Statement th	nat starts	s below.	
Line of Credit Am	ount Requested								
\$	•		increments with a minimum			m aggregate of \$	15,000. ((Note: If you are applying	
Later Assetts attack	(
Joint Application									
We intend to apply for joint	credit. Applic	cant Initial Here	Со-арр	olicant	Initial Here				
Co-applicant Info	rmation			atond t	o apply for joint	aradit Ca applia	ant initial	l horo	
Name: First			If you intend to apply for joint credit, C Last		Suffix				
Mailing Address: Street ☐ Enter "X" if a Change of Address		City	\$	State	Zip Code Social Security No. (SS		Security No. (SSN)		
Special Mailing Address for If Applicable	r This Loan Only: Street	City	State		Zip Code	Home Phone No	0.	Cell Phone No.	
Employer's Name									
Employer's Address: Street City State Zip Coc									
Position			Gross Monthly Salary		Office Phone No).	No. of Y	/ears	
Housing							Monthly	/ Payment	
☐ Mortgage	□ Own □ Rent □ Government Quarters □ Other			\$	\$				
Other Income	Source(s) of Other Income a	nd Monthly Amount							
Alimony, child support, or	Other \$	•	Allowance \$		☐ Part	-time Employmer	nt \$		
separate maintenance income need not be disclosed unless applicant chooses to have such income considered.			☐ Military Allowance \$ isted, Give Name and Address of Employer or Source					Years	

Additional information on reverse.



Disclosures and Signatures					
I certify that all statements made by me are true and accurate as of the date of this application. I authorize Navy Federal to obtain a consumer credit report					
in connection with this application for credit and, if an account is opened, to obtain consumer credit reports and any other information about me for the					
purposes of increasing the credit line, reviewing or collecting this account, and evaluating my creditworthiness.					
Section 1014, Title 18, U.S. Code, makes it a federal crime to knowingly make a false statement for the purpose of influencing the action of a federal criedit union.					
Applicant Signature	Date (MM/DD/YY)				
>					
I certify that all statements made by me are true and accurate as of the date of this application. As co-applicant, I authorize Navy Federal to obtain a consumer					
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Co-applicant Signature	Date (MM/DD/YY)				
•					

	Please Print	
From:		



Could
a Friend
Use This
Loan
Application?

NAVY FEDERAL CREDIT UNION PO BOX 3000 MERRIFIELD VA 22119-3000

||Արայիլանիի|||ՄակիվՍայիՄիիիիաթիինիիկից

Navy Federal Credit Union offers members with checking accounts a

Checking Line of Credit

- Easy and convenient way to access cash
- Automatic protection with no per-item overdraft fees
- Access cash when you need it for large or unexpected expenses
- No annual or prepayment penalty fees



Federally insured by NCUA.