

UTICA GAS & ELECTRIC FEDERAL CREDIT UNION [Loan Application]

215 OLD CAMPION ROAD, NEW HARTFORD, NY 13413

PH: (315) 733-1596 FAX: (315) 733-0228 EMAIL: ugefcu@ugefcu.com www.ugefcu.com

Amount you would like to borrow: \$ _____. How many months would you like to pay this loan back? _____

Purpose of Loan: _____

Would you like GAP Protection? Place an "X": **Yes** _____ or **No** _____

The cost for GAP insurance is a one-time fee of \$250.00. (**Gap insurance** is an optional, add-on car **insurance coverage** that can help certain drivers **cover** the "gap" between the amount they owe on their car and the car's actual cash value in the event of an accident.)

Are you interested in having your loan protected (place an "X")?

Yes _____ or **No** _____ **LIFE** _____ and/or **DISABILITY** _____

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:

Other: Co-Applicant ___ **Spouse** ___ **Other** ___

Name: _____

Name: _____

Account Number: _____

Account Number: _____

Date of Birth: _____

Date of Birth: _____

Home Phone/Cell: _____

Home Phone/Cell: _____

Present Address: _____

Present Address: _____

Own _____ or **Rent** _____ ?

Own _____ or **Rent** _____ ?

Amount of Rent: \$ _____

Amount of Rent: \$ _____

Previous Address: _____

Previous Address: _____

Employment / Income

Employment / Income

Name & Address of Employer: _____

Name & Address of Employer: _____

Employment Income: \$ _____ per: _____

Employment Income: \$ _____ per: _____

Gross: _____

Gross: _____

Other Income: \$ _____ per: _____

Other Income: \$ _____ per: _____

Source: _____

Source: _____

X _____

X _____

Applicant's Signature

Date

Applicant's Signature

Date