



Member FDIC | Equal Housing Lender

Auto/RV/Motorcycle Loan Application

First Name:	Last Name:
Submitted on:	

Date (required)	
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Important Applicant Information: Federal law requires institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Privacy Policy:

Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

Applicants must reside in one of the following Indiana counties: Wabash, Miami, Kosciusko, Whitley, Allen, Noble, Elkhart, Marshall, Fulton, Cass, Howard, Grant, Huntington. Please contact your nearest Crossroads branch if you reside outside of these counties.

Important Information about Procedures for Opening a New Account

Identification Procedures Requirements: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Security Notice:

You should ONLY fill out this form on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Instructions:

1. Complete application on-line and click "Submit Application."
2. To safeguard your privacy, QUIT your browser and restart it again after using this form.

This loan application is for personal loans only and is NOT intended for commercial use. A valid social security number is required to apply. Please review and gather the information you will need before completing this form. Upon receipt of the application, we will send you the proper disclosures.

Loan Request

Purpose of Loan: (required)	
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Amount Requested: (required)	
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Type of Application: (required)	<input type="radio"/> Individual Credit - relying solely on my income or assets <input type="radio"/> Individual Credit - relying on my income or assets as well as income or assets from other sources <input type="radio"/> Joint Credit - we intend to apply for joint credit
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If you are applying for Joint Credit, please insert your initials below: (required)	Applicant Initials	Co-Applicant Initials
	_____	_____

Term Requested:	<input type="radio"/> 24 mos. <input type="radio"/> 36 mos. <input type="radio"/> 48 mos. <input type="radio"/> 60 mos. <input type="radio"/> Other:
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Vehicle Description (required)	Year of Vehicle Make Model

VIN #: (required)	_____
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Mileage: (required)	_____
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Purchase Price	Down Payment
_____	_____

Applicant

First Name	Middle Initial	Last Name
_____	_____	_____

Date of Birth	Social Security No.
_____	_____

Your E-mail Address

Home Phone	Work Phone
_____	_____

Residence

Your Primary Residence: (required)	<input type="radio"/> Own with Mortgage <input type="radio"/> No Mortgage <input type="radio"/> Rent <input type="radio"/> Other:
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Address Information (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Years At Present Address	Your Monthly rent or Mortgage Payment
_____	_____

Your Previous Address	Years at Previous Address
_____	_____

Nearest Relative NOT living with you:	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Phone:	_____
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Relationship:	_____
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Home Information

Property Address (If different from above)	Years in this Area
_____	_____

Current Mortgage Holder

Purchase Price	Market Value	Mortgage Balance
_____	_____	_____

Employment

Your Present Employer	Phone
_____	_____

Address Information (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Monthly Gross Salary	Position/Title	Employment Date
_____	_____	_____

You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.

Other Monthly Income

Source of Other Income

Previous Employer

Years at Previous Employer

Address Information
(required)

Address Line 1

Address Line 2

City

State

ZIP Code

Additional Information

Your Checking Account Number

Institution Name

Your Savings Account Number

Institution Name

Name of Creditor

Approx. Balance

Monthly Payment

Collateral, if any

Total Amount of Other
Monthly Payments not listed
above:

Co-Applicant

First Name

Middle Initial

Last Name

Date of Birth

Social Security No.

Your E-mail Address

Home Phone

Work Phone

Co-Applicant Residence

Your Primary Residence:	<input type="radio"/> Own with Mortgage <input type="radio"/> Own Clear <input type="radio"/> Rent <input type="radio"/> Other:
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Address Information	Address Line 1 Address Line 2 City State ZIP Code
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Years At Present Address	Your Monthly Rent or Mortgage Payment
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Your Previous Address	Years at Previous Address
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Nearest Relative NOT living with you:	Address Line 1 Address Line 2 City State ZIP Code
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Phone:	
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Relationship:	
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Co-Applicant Home Information

Property Address (If different from above)	Years in this Area
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Current Mortgage Holder

Purchase Price	Market Value	Mortgage Balance
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Co-Applicant Employment

Your Present Employer

Phone

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

Monthly Gross Salary

Position / Title

Employment Date

You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.

Other Monthly Income

Source of Other Income

Previous Employer

Years at Previous Employer

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

Co-Applicant Additional Information

Your Checking Account Number

Institution Name

Your Savings Account Number

Institution Name

Name of Creditor

Approx. Balance

Monthly Payment

Collateral, if any

Total Amount of Other Monthly Payments not listed above:

Assets	Value	Title Held Name
_____	_____	_____

Contact Method

What is the best option to contact you? (required)	Phone Number	Email Address
	_____	_____

NOTICE:

Note: By signing this application I hereby certify that the information is true, correct, and complete. There are no other debts or obligations except as listed and these are correct to the best of my knowledge. I further certify that no litigation is pending against me and I have not applied for or have been adjudicated bankrupt except as indicated on this application. You may investigate any of the information provided by me for the purposes of opening and maintaining an account. All applicable information provided to you shall be used and maintained in accordance with the Fair Credit Reporting Act.

(required)	<input type="checkbox"/> I/We AGREE with the above statement
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