PSEG NUCLEAR
EMPLOYEES FEDERAL CREDIT UNION
P. O. Box 232
Hancock's Bridge, NJ 08038
Phone: (856) 339-5099 Fax: (856) 339- 7321

Application

HOW TO APPLY

- Please complete
- Sign
- Return this application to the Credit Union and attach a copy of a recent pay stub or W-2

1 NOTE AND COMPLETE

Married Applicants may apply for a separate account. Check the appropriate box to indicate Individual Credit or Joint Credit.

☐ Individual Credit:

☐ Joint Credit:

Amount requested $_____ Purpose _____

Collateral:

Repayment: ☐ Payroll Deduction ☐ Cash ☐ Automatic Payment ☐ Military Allotment ☐ _____

STATEMENT OF INTENT
Check if desired.

☐ Credit Disability Insurance
☐ Single Credit Life Insurance
☐ Joint Credit Life Insurance

Check coverage(s) desired. The credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.

SIGNATURES

If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.
You also promise that everything you have stated in this application is correct to the best of your knowledge.

You authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Unions or State Chartered Credit Unions Insured by NCUA.

X _____ X _____

APPLICANT'S SIGNATURE DATE OTHER SIGNATURE DATE

NAME (Last - First - Initial)	
ACCOUNT NUMBER	SOCIAL SECURITY NUMBER
BIRTH DATE HOME PHONE ( )	BUSINESS PHONE/EXT. ( )
PRESENT ADDRESS (Street - City - State - Zip) ☐ OWN ☐ RENT ..... YEARS AT THIS ADDRESS_____	
PREVIOUS ADDRESS (Street - City - State - Zip) ☐ OWN ☐ RENT ..... YEARS AT THIS ADDRESS_____	