

SELECT YOUR CARD

Standard VISA Share Secured VISA
 Credit Limit Requested \$500 \$1,000 \$1,500 \$2,500 Other \$ _____

Note: A financial statement may be requested for credit limits of \$5,000 or more.



I/We () Do () Do Not want Life Plus Disability and Unemployment Member Payment*

Member Payment Protection is not required to obtain credit

Type of Account Requested

Regardless of your marital status, you may apply for an individual account in your name only.

Individual Joint (each may receive a card)

If you intend to apply for joint credit, please initial here: Applicant _____ Co-Applicant _____

You may name an additional authorized user: _____

**940 N. Superior Ave, P.O. Box 940
 Tomah, WI 54660
 (608) 372-4736
 www.tacunionline.com**

(Please print) Name of Authorized User Relationship to Applicant

Would you like an additional card for the authorized user? yes no

INFORMATION ABOUT YOU

Full Name (First, Middle, Last)		Credit Union Acct Number	
Address		Length of Residence	Home Phone
Previous Address (if less than 3 years at present address)		Length at Previous Residence	Business Phone
Soc Sec Number	Date of Birth	# of Dependants	Gross Salary: _____ weekly _____ bi-weekly _____ bi-monthly _____ monthly
Name/Address of Employer			
Job Title/Dept		How Long Employed	
Previous Employer (if less than 2 years ago)		How Long Employed	
Source of Applicant's, Spouse's or Co-Applicant's Add'l Income*		Amt of Add'l Income \$ _____ per	Alimony, Support, Maint. Pmts \$ _____ per
Name and Address of Landlord or Mortgage Holder			Monthly Payment
If Buying or Own Your Hom Estimated Value \$		(-) present balance	(=) Equity \$

*Note: Alimony, child support or separate maintenance income for Applicant, Spouse, or Co-Applicant need not be revealed if you do not have it considered as a basis for repaying this obligation.

YOUR SPOUSE/CO-APPLICANT

NAME AND ADDRESS MUST BE COMPLETED IF YOU ARE A MARRIED WISCONSIN RESIDENT

Complete this section if this income is being relied upon as a basis for repayment of the credit requested or you are a married resident of a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI)

Name		Credit Union Acct Number	
Address		Length of Residence	Home Phone
Soc Sec Number	Date of Birth	# of Dependants	Gross Salary: _____ weekly _____ bi-weekly _____ bi-monthly _____ monthly
Name/Address of Employer		Job Title/Dept	How Long Employed
Previous Employer (if less than 2 years ago)			How long employed?
<input type="checkbox"/> Own or <input type="checkbox"/> Rent	Monthly Payment \$	Are you a student? Yes No	

CREDITORS

Please list all debts, including credit cards. If add'l space is needed, please list on a separate sheet

Creditors	Address	Acct Number	Monthly Pmt	Balance	Collateral/Credit Limit

YOUR SIGNATURES

Residents of Illinois may contact the Illinois Commissioner of Banks and Trust Companies for comparative information on interest rates, charges, fees, and grace periods.
 1-800-634-5452, State of Illinois - CIP, P.O. Box 10181, Springfield, IL 62791.

I, the undersigned, give this information for the purpose of obtaining credit, certify that it is true and complete, and authorize you to verify or check any of the information given, obtain additional information concerning my/(our) credit standing (including my spouse's if I am married and live in a community property state), and to furnish the same to others. All credit you extend will be subject to the regulations which you provide and, if this is a joint account, will be our joint and several obligations. Note: Both signatures required for a joint account. I/(we) agree to the annual membership fee established by you from time to time. If I am married, live in a community property state, and my spouse is not a co-applicant, I agree that credit extended under this account, if granted, will be community obligation incurred in the interest of my marriage or family.
 DISCLOSURE OF REQUIRED CREDIT INFORMATION ACCOMPANIED THIS APPLICATION.

MILITARY LENDING ACT DISCLOSURE: Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). I acknowledge that you have orally disclosed to me the information contained in this paragraph and a description of my payment obligation.

Collateral securing other loans with you may also secure this loan. I/(we) grant you a security interest in the following share accounts to secure what I/(we) owe you. When I/(we) am/(are) in default I/(we) authorize you to apply the balance in these accounts to any amount due. If no dollar amount is indicated below, I/(we) authorize you to apply the balance of my/(our) individual and joint share accounts at the time of default to pay any amounts due. Shares and deposits in an Individual Retirement Account and any other account that would lose special tax treatment under state and federal law if given as security are not subject to the security interest I/(we) have given in my/(our) shares and deposits.

Amount \$ _____ Account No. _____

Amount \$ _____ Account No. _____

X _____ X _____

Applicant Signature Date Spouse's/Co-Applicant Signature (if joint) Date

NOTICE FOR MARRIED WISCONSIN RESIDENTS

No provision of a marital property agreement, a unilateral statement under Wis. Stat. Sec. 766.59 or a court decree under Wis. Stat. Sec. 766.70 adversely affects the interests of the credit union unless prior to the time the credit is extended, the credit union is furnished with a copy of the agreement, statement of decree, or has an actual knowledge of the adverse provision when the obligation to the credit union is incurred.

I certify that the credit being applied for, if granted, will be incurred or obtained during marriage and will be in the interest of the marriage or family. This statement is made in accordance with the Wis. Stat. Sec. 766.55 (1).

Applicant's Signature X _____ Date _____

IF THIS SECTION APPLIES, WE ARE REQUIRED BY WISCONSIN LAW TO NOTIFY YOUR SPOUSE BY MAIL IF APPLICATION IS APPROVED.