



Main Office
 5444 S. Staples
 PO Box 8590
 Corpus Christi, TX 78468
 361-991-6178
 FAX 361-993-1704

SPID Branch
 1420 S. Padre Island
 Corpus Christi, TX 78416
 361-882-8841
 FAX 361-882-4060

Violet Branch
 11166 Up River Rd
 Corpus Christi, TX 78410
 361-241-0045
 FAX 361-241-3997

Harlingen Branch
 1418 E. Tyler Suite 11
 Harlingen, TX 78550
 956-428-8711
 FAX 956-428-3520

For Quicker Loan Processing:

Please provide proof of income as follows: 1) recent payroll stub 2) If self-employed, the last 2 years of tax returns 3) If retired/receiving Social Security, benefits statement.

If you are not yet a member, please provide a copy of your valid driver's license and Social Security card so we can process this application.

Please fill out the application completely.

Main Office 5444 S. Staples Corpus Christi, TX 78411 361/ 991-M1ST (6178) 1-800-242-3037 FAX (361) 993-1704		SPID Branch 1420 S. Padre Island Drive Corpus Christi, TX 78416 361/ 882-8841 FAX (361) 882-4060		Violet Branch 11166 Up River Rd. Corpus Christi, TX 78410 361/241-0045 FAX 361/241-3997		Harlingen Branch 1418 E. Tyler Suite 11 Harlingen, TX 78550 956/ 428-8711 FAX (956) 428-3520	
<input type="checkbox"/> CREDIT LIFE INSURANCE <input type="checkbox"/> JOINT CREDIT LIFE INSURANCE <input type="checkbox"/> CREDIT DISABILITY INSURANCE					Purpose:		
Applicant's Name		Social Security #		Driver's Lic. # State		Amount Requested	Collateral
Street Address, City, State, Zip				Home Phone		Mother's Maiden Name	Account #
Present Employer		Job Title		Length of Employment		Employer Phone	Cell
Complete this item only if you live in a community property state (AZ, CA, LA, NM, NV, TX, WA): <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		List 2 references (Name, Address and Phone Number)					
		1. _____					
		2. _____					
Joint Applicant's Name (Check if Spouse <input type="checkbox"/>)			Social Security #		Driver's Lic. # State		Account #
Street Address, City, State, Zip				Home Phone		Mother's Maiden Name	
Present Employer		Job Title		Length of Employment		Employer Phone	Cell
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list status _____			Applicant's Present Gross Monthly Salary or Wages		\$ _____		
Have you ever filed a petition for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			Co-Applicant's Present Gross Monthly Salary or Wages		_____		
Are any suits pending, judgements filed, alimony or support awards against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			Other Income Received Monthly Source -		_____		
Are you a comaker or endorser on another person's Note or loan? If so, name of party <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____			Total Monthly Income.....		\$ _____		
Mortgage Company		Monthly Payment \$ _____	Child Care, Support Payment, or other expense..... \$ _____		Tell us about your vehicles. Year Make Model		

By signing below, I (we) certify that the foregoing statements are made for the purpose of obtaining a loan and are true and complete to the best of my knowledge. I (We) understand that the credit union may require additional information pertaining to my (our) credit worthiness and allow the credit union to consult whomever they deem necessary for that purpose and I (we) release them from all liability.

Applicant's Signature _____

Date _____

Co-applicant's Signature, if applicable _____

Date _____