

**ACBA FEDERAL CREDIT UNION**  
307 FOURTH AVE - SUITE 801 - PITTSBURGH, PA 15222  
Phone 412-391-7242 ♦ Fax 412-391-1945

**RAPID APPLICATION**

Amount Requested: \$ \_\_\_\_\_ Purpose \_\_\_\_\_ Acct # \_\_\_\_\_

**APPLICANT DATA:**

Name: \_\_\_\_\_ Social Security# \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ I can be reached at: \_\_\_\_\_  
This is my (circle one) : cell \_\_\_\_\_ home# \_\_\_\_\_  
Years at this address \_\_\_\_\_  
Birth Date \_\_\_\_\_ Own/Rent \_\_\_\_\_ Monthly Mortgage \_\_\_\_\_  
OR Monthly Rental Cost \_\_\_\_\_ Utilities Included? \_\_\_\_\_

**INCOME DATA:** (attach income verification for all income to be considered)

Employer: \_\_\_\_\_ Years of Service \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone # \_\_\_\_\_  
\_\_\_\_\_ Gross Income: \_\_\_\_\_  
Other Income: Source: \_\_\_\_\_ Gross Income: \_\_\_\_\_

TO QUALIFY FOR INSURANCE, YOU MUST BE: 1) UNDER AGE 65, & 2) WORKING AT LEAST 25 HOURS A WEEK

**CREDIT LIFE AND/OR CREDIT DISABILITY INSURANCE (ON THE LOAN)**

COVERAGE SELECTION	YES	NO
Single (or joint life insurance)	_____	_____
Single disability insurance	_____	_____

► It is a **federal crime** to willfully provide incomplete and/or incorrect information on any loan application ◀ presented to a federal credit union.

By my signature, I : **certify** that all information stated in this application is correct to the best of my knowledge  
**authorize** the credit union to obtain reports in connection with this application  
**understand** that agreeing to payments taken out through payroll deduction or ACH increased the amount I was able to borrow, and I **agree** to honor the repayments terms agreed to for the life of the loan.

**APPLICANT'S**

**SIGNATURE: X** \_\_\_\_\_ **DATE:** \_\_\_\_\_