## BURLINGTON MUNICIPAL EMPLOYEES FEDERAL CREDIT UNION 7 Bedford Street • Burlington, MA 01803 Tel: (781) 272-2046 • Fax: (781) 273-4987 Email: bmefcu@att.net



Application

HOW TO	Please complet	e front and h	eack of application									
APPLY	Sign on back pa		dok of application									
	Return completed application to credit union											
	An incomplete or unsigned application may delay processing											
	246.0											
your spouse     you are rely     complete the     Joint Credit: E     Guarantor: Co	e will use the account ing on your spouse's e <b>Other</b> section to the ach Applicant must <b>in</b> omplete the <b>Other</b> se	or o	pasis for repayment. If your ble about the person or applete the appropriate see a guarantor on an according to the second secon	self and the Other section a nity property state (AK, AZ, ou are relying on income from whose payments you are notion below. If Co-Borrower is count/loan.	CA, ID, LA, NM, N\ m alimony, child supelying. spouse of the Appli	√, TX, WA, WI), oport, or separate maintena cant, mark the Co-Applicant						
Check below t	o indicate the type o	f account(s) a	and type of credit for w	nich you are applying. Marr	ied Applicants may	apply for a separate acco						
	R° Account/Loan: ATM/Debit Card Acce	Indudical	I laint Americat D.	quested \$F	urpose/Collateral:							
	t: Payroll Deduc	10 1/10 / 101	Dash ☐ Military Allo									
Payment Protection			Single Credit Life	Insurance Voluntary insurance	ce to you. A separate i	union will disclose the cost of insurance election which disclo						
Applicant				Other: Co-Appl	licant Spot	d for coverage to become effect						
NAME (Last - First - I	nilial)			NAME (Last - First - Initial)		ide Li Othei						
ACCOUNT NUMBER		SOCIAL SECU	RITY NUMBER	ACCOUNT NUMBER	SOCIA	AL SECURITY NUMBER						
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AME AND				Employment/Income								
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TLE/GRADE	ST	ART DATE	HOURS AT WORK	EMPLOYER TITLE/GRADE	START DATE	HOURS AT WORK						
IPERVISOR'S NAME	if t	SELF EMPLOYED	TYPE OF BUSINESS	SUPERVISOR'S NAME	IF SELF EM	PLOYED, TYPE OF BUSINESS						
TICE: ALIMONY, CHIL	D SUPPORT, OR SEPARATE A	AAINTENANCE INC	OME NEED NOT BE REVEALED	NOTICE: ALLICONY								
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