

## Checking Plus Line of Credit

USSCO's Checking Plus Line of Credit is an unsecured revolving line of credit. Use your line for whatever purpose you choose with three easy ways to access.

### 1. Overdraft Protection

We link the loan to your USSCO checking account. Money will be automatically transferred to the checking account to cover overdrafts for checks, ACH or check card transactions.

### 2. Use Home Banking

to access your line to make electronic transfers and payments.

### 3. Call In to Request a Transfer

to your checking or savings.

Once these loans are activated, finance charges will occur. Repay in monthly installments or pay off the entire balance at once. The revolving feature means that you can pay off any outstanding balance and have the funds available to you again. If you don't use the credit line, there are no payments.

\*No fee to activate your line or when funds are transferred.

[www.usscofcu.org](http://www.usscofcu.org)



### We Have Four Convenient Offices To Serve You

**RICHLAND: 814.266.4987**

**EBENSBURG: 814.472.0615**

**MOXHAM: 814.535.4646**

**SOMERSET: 814.445.3997**



[www.usscofcu.org](http://www.usscofcu.org)

NMLS# 456922

Federally Insured by the NCUA.

IBelong



Revised January 2017



**STRONG  
COMMUNITY ROOTS  
NOT JUST BRANCHES.**



**Checking Plus**  
Line of Credit

**Application**

# Checking Plus Line of Credit Application



Limit \$ \_\_\_\_\_

Name [Last, First, Initial] \_\_\_\_\_

Member ID No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Issued Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address [Street, City, State, Zip] \_\_\_\_\_

Years There \_\_\_\_\_ Phone No. \_\_\_\_\_

Monthly Rent/  
Mortgage Payment \$ \_\_\_\_\_

Present Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Date Hired \_\_\_\_\_

Business Phone \_\_\_\_\_

Gross Monthly Salary \_\_\_\_\_

Other Income \_\_\_\_\_

Reference [Name, Address, Phone No.] \_\_\_\_\_

Reference Relationship \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Contact me with any questions at:**

E-mail \_\_\_\_\_

Phone No. \_\_\_\_\_ Time \_\_\_\_\_

## CO-APPLICANT *[optional]*

Spouse \_\_\_ Co-Signer \_\_\_ Joint Owner \_\_\_

Name [Last, First, Initial] \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Issued Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address [Street, City, State, Zip] \_\_\_\_\_

Own or Rent \$ \_\_\_\_\_

Present Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Date Hired \_\_\_\_\_

Business Phone \_\_\_\_\_

Gross Monthly Salary \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**SIGNATURES:** You promise that everything you have stated in this request is correct to the best of your knowledge. 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 authorize the credit union to obtain credit reports in connection with this request. 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 requests made to Federal Credit Unions insured by the NCUA. You understand that the credit union will rely on the information in the request and your credit report to make its decision.

Mail to: USSCO FCU 532 Oakridge Drive Johnstown, PA 15904 814.266.4987

*USSCO. Strong Community Roots, Not Just Branches.*

NMLS# 456922 Funds Federally Insured by the NCUA. iBelong



LENDER