

Vehicle Loan Application Checklist

To speed the processing of your application, please follow these steps:

- 1. **Complete** the Vehicle Loan Application in its entirety and sign it. Incomplete or unsigned applications will delay processing of your request. If not currently a DCU member, required identification must be provided.
- 2. **Compile** the following information:

When purchasing a vehicle from a licensed dealer:

- Purchase and Sales Agreement
- •A copy of your most recent pay stub

When purchasing a vehicle from a private party:

- •A copy of the registration or title
- •Purchase and Sales Agreement from the seller(s) to you
- •A copy of your most recent pay stub

When refinancing a vehicle from another institution:

- •A copy of your registration
- •Information on the loan that you are paying off including
 - •Name of financial institution
 - Phone number of that financial institution
 - •Your loan account number from that institution
- If adding a Co-borrower who is not currently a DCU Member, required identification must be provided.
- 4. **Mail** or **fax** your completed application and all necessary information above to the Consumer Loan Department.

Mail to: Digital Federal Credit Union

Consumer Loans

220 Donald Lynch Boulevard, PO Box 9130

Marlborough, MA 01752-9130

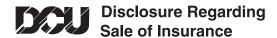
Please allow 5 days for mail delivery

Fax to: 508/263-6392

What you can expect

Once you've mailed or faxed your application and all necessary information . . .

- 1. You'll receive a phone call from one of DCU's Consumer Loan Representatives within 2 business days of receiving your application.
- 2. Our Representative will inform you of your approval status and discuss any information you will need to close the loan.
- 3. Once all of the necessary paperwork has been completed, you're free to purchase your vehicle.



DCU Insurance (DCU Financial Insurance Services, LLC), an affiliate of DCU, offers a wide range of personal property and casualty insurance products and services. You may choose to request an expert insurance coverage review and consultation from DCU Insurance, at your convenience. You may be contacted by a licensed representative to provide you with a free, no-obligation quote.

Insurance required as a condition of the extension of credit by DCU does not have to be purchased from DCU Insurance, and can be purchased from an agent or insurance company of your choice without affecting the approval of the application for credit. Insurance products are not deposits of DCU and are not protected by the NCUA. They are not an obligation of or guaranteed by the credit union and may be subject to risk. Insurance is offered by DCU Financial Insurance Services, LLC, an affiliate of DCU. Business conducted with DCU Insurance is separate and distinct from any business conducted with the credit union.

If you have any concerns or complaints regarding this business relationship, you may contact the Office of Consumer Affairs.



220 Donald Lynch Blvd Marlborough, MA 01752

508.263.6978 • 800.328.8797

dcuinsurance.org • insurance@dcu.org

IMPORTANT INFORMATION: We are required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a DCU Account. We will ask for your legal name, residential address, Social Security Number (SSN), Phone Number, and Date of Birth.

REQUIRED IDENTIFICATION: No individual can be named on this account in any capacity without having provided the following current identification, one of which must include a picture and one of which must reflect the Individual's current residential address as given. If one of these forms of identification includes both you need only submit that one: • US Driver's License • US Social Security Card • Passport • US Military ID • US Work Visa • Other Government Issued picture ID (2nd ID always required). DCU reserves the right to request additional identification.

If you are already a DCU Member, you are not required to provide the **REQUIRED IDENTIFICATION** but you must provide your DCU Member #, Legal Name, and SSN on the reverse.



Vehicle Loan Application







Digital Federal Credit Union 220 Donald Lynch Blvd • PO Box 9130 • Marlborough, MA 01752-9130 508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

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Vehicle: ☐ Purchasing

Other

Date

Date

☐ I am interested in Mechanical Breakdown Insurance.

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□ RV/Boat

□ Refinance

■ Motorcycle

months

Loan Amount or monthly payment amount **BORROWER** Monthly Gross Income (please attach verification of income). Alimony, child support, or separate maintenance income need not be Member # revealed if you do not wish to have it considered as a basis for repaying this obligation. Legal Name Date of Birth Overtime **Gross Income** Residential Address Borrower City State Zip Home Phone # Work Phone # Co-Borrower Ś Are you obligated to pay alimony, child support, separate Email Address: maintenance? If yes, amount \$___ Own / Rent / Board Payment Amount How Long? SIGNATURES REQUIRED BELOW Mortgage/Landlord Name Subject to Digital Federal Credit Union (DCU) Loan Underwriting Guidelines. Date of Hire **Employer Name** See Reverse for Important Information. То Previous Employer From BY SIGNING THIS APPLICATION YOU AGREE TO THE FOLLOWING: You agree that we may obtain and use consumer credit reports and exchange credit and employment information in connection with this Checking Account Institution application and any update, renewal, or extension of credit we may extend to you. You agree, upon approval of this loan, that you will CO-BORROWER/COSIGNER ensure DCU is properly listed as lienholder on the vehicle title as: Digital Federal Credit Union, 220 Donald Lynch Boulevard, Member # Marlborough, MA 01752. You agree that your account will be subject to the terms and conditions of all applicable Loan Agreements and Disclosure Statements. You agree that a photocopy or facsimile of this Date of Birth Legal Name application shall be as binding as the original. You understand that we will retain this application whether or not it is approved. Residential Address Everything you have stated in this application is correct. City State Zip Borrower's Signature Home Phone # Work Phone # Co-Borrower's/Cosigner's Signature Email Address: Own / Rent / Board How Long? Payment Amount **VOLUNTARY OPTIONS** Mortgage/Landlord Name ☐ I am interested in obtaining Payment Protection. Please send me more information. Date of Hire Employer Name ☐ I am interested in Guaranteed Asset Protection (GAP). Please send more information. Previous Employer From То

ELECTRONIC PAYMENT METHOD

Loan Term

By selecting one of the two electronic payment methods below, you agree to the following as applicable:

DCU Initiated Automatic Transfer: You authorize us to initiate a transfer of sufficient funds from the DCU account indicated to pay all amounts due monthly. The transfers will be made as indicated below. You agree you are responsible for maintaining a sufficient balance to cover the amount of the and that the funds will be available to transfer as of the start of busi

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