



# Southwest Airlines Federal Credit Union

www.swacu.org

**DALLAS**  
2430 Shorecrest  
Dallas, TX 75235  
214.357.5577 or 800.262.5325

**HOUSTON**  
8441 Gulf Frwy., Suite 103  
Houston, TX 77017  
713.649.6550 or 800.262.5468

**PHOENIX**  
2330 E. Jones Ave, Suite 6  
Phoenix, AZ 85040  
602.225.5000 or 800.262.5749

**MESQUITE**  
2424 Gus Thomasson, Suite B  
Mesquite, TX 75150  
972.270.1800

**EULESS**  
801 W. Euless Blvd, Suite 104  
Euless, TX 76040  
817.267.3041

## CREDIT LINE ACCOUNT ADVANCE REQUEST AND SECURITY AGREEMENT

You request the following advance subject to the terms and conditions of Your Credit Line Account Agreement and Disclosure.

Amount Requested: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_ Master Agreement Number: \_\_\_\_\_

### APPLICANT VERIFICATION

Last Name	First Name	Initial	Social Security Number	Account Number	Loan Number
Street Address		City	State	Zip	Years There
Co-Borrower Name/Address/Telephone		Home Telephone ( )			
Email Address					

**CHANGES SINCE LAST ADVANCE** You need not list income from alimony, child support or separate maintenance unless You wish it considered for purposes of granting this credit.

Present Employer	Date Hired	Position	Work Telephone ( )
Monthly Gross Pay	Co-Applicant Gross Income	Other Income	<input type="checkbox"/> Rent <input type="checkbox"/> Own Home
Mortgage/Rent	Mortgage/Landlord	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	
Personal Reference	Address	Telephone	Relationship
Personal Reference	Address	Telephone	Relationship

### SECURITY

You, the Borrower, hereby request an advance of cash under the above referenced Credit Line Account ("Account") and You promise to repay this Advance and all others previously obtained on Your Account in accordance with the terms and conditions of Your Account.

**Security Interest.** To secure all of Your obligations with Us, in addition to any other security, You give a security interest and lien in and upon the property described below, including any and all accessions, related insurance proceeds or insurance premium refunds.

**Agreement To Provide Insurance.** We require comprehensive and collision insurance on all vehicles financed. You fully understand that You are required to provide collision insurance with a maximum of \$500.00 deductible and comprehensive with a maximum of \$500.00 deductible on the vehicle(s) described below. You understand that the failure to provide these requirements and have Us shown as loss payee can and will be grounds for repossession of the Collateral, acceleration of Your loan balance, will cause Your loan to be in DEFAULT and may inhibit future loan requests. Insurance copies should be mailed to: Southwest Airlines Federal Credit Union, P.O. Box 35708, Dallas, Texas 75235.

MOTOR VEHICLE	Year	Make	Model	Color	Serial Number
CD/SHARES PLEDGED	Account Number \$	Account Number \$	Account Number \$	Total Shares Pledged \$	
Other (Describe)					

Any person who signs this Advance Request as a Borrower agrees to be individually and jointly obligated to pay Your loan in accordance with Your Credit Line Account Agreement Any person who signs this Advance Request and checks the box "Owner of the Collateral other than Borrowed" does so voluntarily and solely to give a security interest in the collateral shown in the security interest section, but is not personally liable for any indebtedness created by the Credit Line Account Agreement.

Except for Our security interest, You warrant that the collateral is owned free and clear from any adverse claim, security interest or encumbrance. Without Our express written consent, no other liens, security, interest or encumbrances will be allowed to attach to the collateral, nor will the collateral be removed from the state where We are located, for an extended period without Our express written consent. The collateral will not be sold or otherwise transferred and at all times the collateral will be kept in good repair. The collateral shall not be used for any unlawful purpose. We shall receive Your full cooperation in obtaining everything that it requires to place and/or maintain its security interest and/or lien in the collateral. We may examine and inspect the collateral at any time, wherever located. All taxes or assessments on the collateral, shall be paid as they come due; if not paid, We may pay them and will be entitled to reimbursement or alternatively, charge that amount to Your Account, under the same Feature Category to which this Advance is being charged.

### SIGNATURES.

You warrant the truth of the above information and to the extent permitted by law, You realize that it will be relied upon by Us in deciding whether or not to grant the extension of credit requested. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. You have signed this Advance Request and Security Agreement on \_\_\_\_\_ and You acknowledge that You have read it, that You understand it, and that You have received a completed copy of it.

THIS ADVANCE REQUEST AND SECURITY AGREEMENT INCLUDES THOSE PARAGRAPHS SET FORTH IN THE "TERMS" SECTIONS BELOW, WHICH ARE INCORPORATED HEREIN BY REFERENCE.

SIGNATURE OF BORROWER \_\_\_\_\_ DATE \_\_\_\_\_  SIGNATURE OF CO-BORROWER  OWNER OF COLLATERAL OTHER THAN BORROWER \_\_\_\_\_ DATE \_\_\_\_\_

**OPTIONAL CREDIT INSURANCE** Credit Life and/or Credit Disability Insurance and/or Guaranteed Automobile Protection ("GAP") are not required to obtain credit under this plan. An appropriate application/disclosure will be furnished if Your credit is approved.

**YOU MUST CHECK ONE OR MORE OF THE BOXES BELOW**

1) You are interested in Credit Disability Insurance — single coverage  **AND/OR** 2) You are interested in Credit Life Insurance — single coverage  joint coverage

3) You are not interested in Credit Insurance  4) You are interested in GAP  5) You are not interested in GAP

SIGNATURE OF APPLICANT  \_\_\_\_\_ DATE \_\_\_\_\_

### TERMS

Amount Requested \$	Previous Balance \$	Title Transfer Fees \$	Other Fees \$	Total New Balance \$	APR %	Daily Periodic Rate %
Payment \$	<input type="checkbox"/> \$3.00 per 100 (or fraction thereof) of unpaid Account balance, subject to the lesser of \$30.00 for LOC Accounts and \$18.00 for a Credit Card Account, or Your Account balance.					
PAYMENT SCHEDULE						
<input type="checkbox"/> Monthly on the _____ of each month <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other _____						
Minimum Payment \$	1st Payment Date	Purpose Code	Collateral Code	Insurance Code	Disbursement Method	
Date of Minutes	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Debt Ratio	Loan Officer		