Funding Package Checklist

Mail Contracts to:

Keystone Lending Alliance
6021 Wallace Road Ext., Suite 100
Wexford, PA 15090

Please call us at 724.934.3394 for information about Decision Lender Access for Loan Documents*

Dealer Documentation

1st ☐ **Dealer Track/Route One (not fax copy) KLA Call Back Sheet with Bar Code (Must be Page 1 when fax funding)**

☐ ***Original*** or Electronically Signed Contract**. Names on contract must match exactly to the submitted driver's license(s).**
Completed ***Original*** New Member Application for ALL buyers; *Current Members need only check and initial that they are a "**Member in Good Standing**" and sign the form* in the ***TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION*** *and the* ***AUTHORIZATION*** *sections.*

☐ **Original Signed Credit Application**

☐ **Current Driver's License** (No TIN's; address matches application/contract/title); Regular Expiration Date (Day after DOB)

☐ **Proof of Current Insurance** card or binder and Agreement to Provide Insurance (max. $500 deductible) Must include agent name and phone #

☐ **Proof of Lien:** Title Application MV-1 **or** (MV-4 and Guarantee) **or** ELT State Summary Sheet

☐ **Odometer Statement** for Preowned vehicles (*only if odometer miles not included on Proof of Lien document)*

☐ **Invoice or Current NADA Clean Trade Value** or "Like Invoice" on Current Model Year Preowned when NADA not available

☐ **Signed Buyers Order**

If Applicable

☐ Warranty/Service Contract indicating credit union as lien holder and signed by customer

☐ GAP policy indicating credit union as lien holder. Dealer must confirm borrower is not a Military Lending Act (MLA) covered borrower

☐ Credit Insurance Policies indicating credit union as lien-holder

☐ Notice to cosigner form (if non spousal cosigner)

☐ Deal Specific – Other Front-end/Back-end adds, Due Bill, As-Is-No Warranty, Riverfront Member Eligibility Form, Eagle One Auto Insurance Coverage Disclosure, Borrower with PA ID and no DL – Require documentation of medical condition that prevents them from driving (no DUI's), proof designated driver is covered on insurance policy and copy of DL.

If Stipulated

☐ Proof of Income within 30 days of contract date (no self-employed <670 FICO Score)

☐ Proof of Residency (Utility Bill, etc.)

☐ Deal Specific

Lien Holder Information:

	Title Information	Loss Payee Information	Contact Information
Blue Chip Federal Credit Union	**Blue Chip Federal Credit Union** 5050 Derry St. Harrisburg, PA 17111-5606 FIN: 23133115101	**Blue Chip Federal Credit Union** 5050 Derry St. Harrisburg, PA 17111-5606	800-782-2328 www.bluechipfcu.org
Discovery FCU	**Discovery FCU** 2744 Century Blvd Wyomissing, PA 19610 FIN: 23138564601	**Discovery FCU** 2744 Century Blvd Wyomissing, PA 19610	610-372-8010 www.discoveryfcu.org
Hershey FCU	**Hershey FCU** 232 Hershey Road Hummelstown, PA 17036 FIN: 23149145701	**Hershey FCU** 232 Hershey Road Hummelstown, PA 17036	717-533-9174 www.hersheyfcu.org
Lanco FCU	**Lanco FCU** 349 West Roseville Rd Lancaster, PA 17601 FIN: 23173315701	**Lanco FCU** 349 West Roseville Rd Lancaster, PA 17601	717-569-7180 www.lancofcu.com
Riverfront FCU	**Riverfront FCU** 2609 Keiser Boulevard Wyomissing, PA 19610 FIN: 23138553601	**Riverfront FCU** PO Box 924614 Fort Worth, TX 76124	610-374-8351 www.riverfrontfcu.org
Susquehanna Valley FCU	**Susquehanna Valley FCU** 3850 Hartzdale Drive Camp Hill, PA 17011 FIN: 23171384301	**Susquehanna Valley FCU** PO Box 25242 Fort Worth, TX 76124	717-737-4152 www.svfcu.org

New Account Application

KEYSTONE LENDING ALLIANCE, LLC
6021 Wallace Rd Ext., Suite 100
Wexford, PA 15090
Ph: 724.934.3394
Fax: 724.934.3389

Credit Union

_____

I am already a member of the credit union and my account is in good standing* ☐ _____ (initial)

*Member not in good standing is defined as members who have failed to maintain the minimum required share balance at the credit union, are in default on another loan with the lender, or have materially breeched a condition of a member account agreement.

Account to be opened: ☐ Share Savings Account

Accounts with only a primary account owner are considered a single party account. All joint accounts include right of survivorship.

PRIMARY ACCOUNT OWNER INFORMATION	JOINT ACCOUNT OWNER INFORMATION
Name: First Middle Last	Name: First Middle Last
Street Address	Street Address
City State Zip	City State Zip
Home Phone Work Phone	Home Phone Work Phone
Email Address	Email Address
Current Employer	Current Employer
Social Security # / Tax ID # Driver's License State and #	Social Security # / Tax ID # Driver's License State and #
Date of Birth	Date of Birth
Mother's Maiden Name (Member account security)	**Mother's Maiden Name (Member account security)**

TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION

By signing under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number,
(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interests or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
(3) I am a U.S. Person (including a U.S. resident alien).
(4) I am exempt from FATCA reporting (or I am waiting for a number to be issued to me.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

_____ _____ _____ _____
Signature Date Signature Date

AUTHORIZATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

By signing below, I/we certify that the information on this application is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate Disclosures and Fee Schedule, Funds Availability Policy Disclosure, if applicable,and to any amendments the Credit Union makes from time to time. I/We authorize the Credit Union to check my credit and employment history, to request and use reports regarding the same, and to answer questions about its credit experience with me/us. I/We agree to conform to the Credit Union's bylaws, policies and procedures now in effect and as amended or adopted hereafter. The terms and conditions of these documents are incorporated herein. As primary owner of the account, I acknowledge and agree that the ownership of any accounts or services I establish in the future will be the same as set forth in this Application unless otherwise designated in writing in a form approved by the Credit Union and delivered to the Credit Union prior to my death. If this account is owned by more than one owner, I/We agree that on the death of one party to the account, all sums in the account on the date of death vest in and belong to each surviving party as his or her separate property and estate. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

Signature Date	Signature Date

KLA/Credit Union Use Only:

Date of Membership: _____ Eligibility: _____ CU Assigned To: _____

KLA Approved By _____ CU Opened/Approved By _____

Agreement to Provide Insurance

I/We understand that to provide protection from serious financial loss, should an accident occur, my installment contract requires the collateral to be continuously covered with insurance against the risks of fire, theft and collision, and failure to provide such insurance gives _____ credit union the right to declare the entire unpaid balance immediately due and payable. Accordingly, I have arranged for the required insurance through the insurance company shown below and have requested my agent to note _____ credit union's interest in the collateral and endorse the policy with a loss payable endorsement (URB Form 51 or equivalent) in favor of_____ credit union, located at :

_____ .

Street City State Zip Code

I/We further understand that if for any reason the below described insurance is not obtained and continuously maintained, the Lender may, at its option, secure insurance according to the terms of my/our note or contract.

Purchaser:

Name	FIRST	MIDDLE	LAST	
ADDRESS	NUMBER STREET	CITY	STATE	ZIP CODE

FOR CREDIT UNION USE ONLY

Vehicle Insured

Year	Make	Body	Model	Serial Number

INSURANCE AGENT:

NAME	
STREET	
CITY,STATE ZIP CODE	
TELEPHONE NUMBER	

NAME	
POLICY NUMBER	
EFFECTIVE DATE	FROM TO
COVERAGE AUTO	☐ FIRE – THEFT ☐ COMPREHENSIVE ☐ COLLISION $_____ DEDUCTIBLE

***Maximum Deductible is $500 unless authorized by credit union**

****Excluded Drivers <u>not permitted</u> on Insurance Policy**

Dealer Confirmation:

☐ Agency ☐ Insurance Company	Name of Person	
Any Loss Payee ☐ Yes ☐ No	CONFIRMED BY	DATE

PURCHASER SIGNATURE	**DATE**	**PURCHASER SIGNATURE**	**DATE**
DEALER/SALESMAN SIGNATURE	**DATE**	**DEALER**	**DATE**

Membership Eligibility Acknowledgment and Estatements Opt-in

Please check the appropriate box below to verify your eligibility:

Lives in Berks County:

- ☐ I currently **Live** in Berks County.

Works in Berks County:

- ☐ I am **Employed** by a company in Berks County.

Worships in Berks County:

- ☐ I currently **Worship** in Berks County.

Educated in Berks County:

- ☐ I currently attend **School** in Berks County.

Legal Entity doing business in Berks County:

- ☐ **Legal Entity** doing business in Berks County.

Eligible through a **Relative/Household** member

- ☐ I am Related to a current member:
  - ☐ Spouse
  - ☐ Child
  - ☐ Parent
  - ☐ Sibling
  - ☐ Grandparent
  - ☐ Grandchild
  - ☐ In-law

Print the name and the physical address of the current member

_____

Estatements Opt-in:

Riverfront Federal Credit Union charges a $3.00 fee for each mailed account statement. **The fee is waived if you are a Preferred Member or are under 18 years of age or 65 years or older. You also have the option to have the fee waived by electing to receive your statements electronically**.

I am electing to receive my monthly/quarterly statement via online banking by signing below and agree to all the terms and conditions of the Electronic Statement Disclosure Agreement below.

Computer Requirements:

- A computer with Internet access
- We recommend the most up-to-date version of Edge, Firefox, Chrome, and Safari Browser.
- A PDF viewer. If you do not have a viewer, you can download it at https://get.adobe.com/reader

Upon receipt of your consent, we will prepare an electronic statement for your account(s) and provide a reminder on a monthly or quarterly basis, as applicable, or its availability. We will send this reminder to a working email address that you provide us. To access your statement, you must be a registered user of our Online Banking service. You will be required to log in to Online Banking with your Access ID and Password to view, download and/or print the electronic statement. It is your responsibility to protect your Online Banking Access ID and Password from unauthorized persons. You agree that it is your responsibility to ensure that the electronic statement cannot be viewed by others. We reserve the right to provide a paper copy of any communication you have authorized us to provide you electronically. If you wish to discontinue this eStatement service at any time, login to online banking and access the e-statements portal. Then choose Settings -> Discontinue/Resume Accounts -> and check the box to discontinue electronic statements. You will receive a paper statement from that point forward and be charged the applicable paper statement fee for each subsequently generated paper statement. Please notify us at least ten (10) days before the end of your normal statement cycle. If, while using the eStatement service, you need a paper copy of a statement or disclosure, please contact your branch office. All electronic statements shall be in full compliance with applicable laws and regulations. The provisions in this agreement are part of (and in supplement to) the credit union's Terms and Conditions and all applicable disclosures we have previously provided to your Depository Accounts. You acknowledge that your consent to electronic statements and communication is being provided in connection with a transaction affecting interstate commerce that is subject to the federal Electronic Signatures in global and National Commerce Act. We reserve the right to discontinue eStatements, or to terminate or change the terms and conditions on which we provide electronic communications. We will provide you with notice of any such termination or change as required by law.

Member Signature_____ **Email Address**: _____**Date**_____

By signing above, I attest to the validity of the information contained within this document and hereby authorize the credit union to enroll me in electronic statements as directed.