

Previous Account Activity will be considered when processing

# Christmas Loans

Up to \$1,000.00 for 10 Months at 12% APR

Must be a member in good standing for 6 months

Apply between October 10, 2023 and December 8, 2023

**\*\*\*Attach current proof of Income\*\*\***

**Application must be complete or it will not be accepted!!!**



Repayment Method: (please check one)

Direct Deposit: Weekly \_\_\_ Biweekly \_\_\_ Monthly \_\_\_

Semi-monthly \_\_\_ or OTC (bring it in) \_\_\_

Total Loan Amount \$ \_\_\_\_\_

Name: \_\_\_\_\_

Social Security : \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone \_\_\_\_\_

Name of Nearest Relative: \_\_\_\_\_ Relative phone: \_\_\_\_\_

For Office Use only	
Date: _____	Loan Last year _____
Account# _____	Sh. Bal _____
Loan # _____	Score _____
Type: <u>1</u>	Tier: <u>57</u> Purpose Code: <u>20</u>
6 months membership _____	Inome _____
_____ Pmts @ _____	Start _____

**PLEASE DO NOT CALL THE CREDIT UNION. THE LOAN OFFICER WILL CALL YOU WHEN YOUR LOAN IS APPROVED.**

We offer Credit Disability and Credit Life at a reasonable cost to insure your loan in the event of sickness or an accident .

Credit Life: (Circle one) YES NO

Credit Disability: (Circle one) YES NO

The Credit union will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.



Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

LO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Applications WILL NOT be processed before October 10, 2023\*\***

**You will be notified when your loan is ready. Please do not call us, we will call you.**