

September 30, 2023

Holiday Office Closings

October 9 - Columbus Day

November 24 & 25 - Thanksgiving

December 25 - Christmas

January 1 - New Years Day



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Phone: 716-284-2430

Toll Free: 1-800-552-8673

Fax: 716-284-0923

Email: rediform@rediformfcu.com

**CHRISTMAS LOANS!!!**



Christmas Loans are back!!

Borrow up to \$1,000.00

for 10 months at 12% APR.

You must qualify in order to apply.

The application is on the back of this flyer and can be submitted with proof of income anytime beginning October 10th.

Prompt payments can improve your credit score.

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**New Phone number?** Please keep the credit union informed of any change to your phone number. The Debit and Credit Fraud Department will call you if they detect any possible fraud. If they can't reach you to verify the transactions your card will be blocked. **It is imperative that you speak to the fraud department because the credit union can not release the block until charges have been verified.**



Start your Holiday Shopping with your Rediform Visa Card and earn Score Card Points.

Need a Rediform Visa Card —Apply today.

You can transfer balances with a Zero Balance Transfer Fee.

Christmas Clubs will be transferred to your Share Account on November 1st.

Never had a Christmas Club??? Now is the time to open 2024 Christmas Clubs.



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.**