



MEMBER LOAN REQUEST FORM

Date: _____

Member Loan Application Information

Yes! I want to apply for a _____ loan in the amount of \$ _____

I am interested in: Credit Life and Disability Payroll Deduction
 Major Mechanical Protection (MMP) Guaranteed Asset Protection (GAP)

NAME	HOME PHONE	E-MAIL	CU ACCT #
EMPLOYER	BUSINESS ADDRESS	POSITION/TITLE	DATE OF HIRE
BUSINESS PHONE	SOCIAL SECURITY #	GROSS MONTHLY INCOME	RENT OR MORTGAGE PAYMENT

Spouse/Co-Applicant Information

(If applying jointly with a spouse or co-applicant, the following information must be completed and the application signed by the spouse or co-applicant)

NAME	HOME PHONE	E-MAIL	CU ACCT # (IF APPLICABLE)
EMPLOYER	BUSINESS ADDRESS	POSITION/TITLE	DATE OF HIRE
BUSINESS PHONE	SOCIAL SECURITY #	GROSS MONTHLY INCOME	RENT OR MORTGAGE PAYMENT

References (must include one relative not living with you)

NAME	RELATIONSHIP
ADDRESS	PHONE E-MAIL
NAME	RELATIONSHIP
ADDRESS	PHONE E-MAIL

Applicant(s) Signature(s)

APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
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For Credit Union Use Only

Referred by:

Website ___ Direct Mail ___ Statement Insert ___ Previous Business ___ Another Member ___ Workplace ___ Other _____