



2020 HOLIDAY LOAN ADVANCE REQUEST

FAX NUMBERS:

On-Site Locations		Additional Branches
WELLSTAR	PIEDMONT	Decatur: (404) 978-0095
Cobb: (770) 732-7339	Atlanta: (404) 609-6776	Douglasville: (770) 577-7277
Kennestone/WCO/WAB: (770) 793-7960	Newnan: (770) 251-9893	Hiram: (770) 222-9963
Atlanta Medical Center: (404) 265-0554	Fayette: (678) 817-4345	Sandy Springs: (678) 420-7721
Atlanta Medical Center South: (404) 265-0554		Savannah: (912) 352-0838
Emory Decatur Hospital (EDH): (404) 501-5946		

A \$30 non-refundable processing fee will be applied to approved loans. A credit inquiry may be required. If you are a first-time applicant, we will need your most recent pay stub AND a copy of your valid driver's license.

Member Name _____

Account Number _____ Loan Amount Requested _____

Email Address _____

Daytime Phone Number _____

Secondary Phone Number _____

Social Security Number _____

Current Employer/Location _____

Net Monthly Income _____

Monthly Rent or Mortgage _____

Optional Credit Life Protection Optional Credit Disability Protection Decline All Optional Debt Protection

Have you ever filed bankruptcy? No Yes Date (mm/yy): ____/____ Are you currently in a bankruptcy? No Yes

By signing below: (1) I authorize MembersFirst Credit Union to initiate or increase my payroll deduction/direct deposit distribution amount to make my payment; (2) I agree that I will take no action, through my employer or on my own, to reduce or eliminate my payroll deduction/direct deposit distribution amount during the term of this loan; (3) I am not currently on unpaid leave; and (4) I understand a credit report may be pulled to determine approval of my loan application.

Name, address and phone number of nearest relative not living with you:	Name, address and phone number of a personal friend:
Name	Name
Address	Address
Phone Number	Phone Number

Member Signature _____ Date _____

CREDIT UNION USE ONLY

Fee Collected
 Copy of Most Recent Pay Stub (**new loans only**)
 Payroll / ACH Set Up

Signed Single Advance Loan Disclosure LDSA (**new loans only**)
 Signed Simplified Loan Agreement LAGM (**new loans only**)
 Copy of Driver's License (if expired or not on the system)

Loan Officer Signature _____ Date _____ Processor Initials _____