



2021 HOLIDAY LOAN ADVANCE REQUEST

FAX NUMBERS:

On-Site Locations

WELLSTAR

Cobb: (770) 732-7339

Kennestone/WCO/WAB: (770) 793-7960

Atlanta Medical Center: (404) 265-0554

Atlanta Medical Center South: (404) 265-0554

Emory Decatur Hospital (EDH): (404) 501-5946

PIEDMONT

Atlanta: (404) 609-6776

Newnan: (770) 251-9893

Fayette: (678) 817-4345

Additional Branches

Decatur: (404) 978-0095

Douglasville: (770) 577-7277

Hiram: (770) 222-9963

Pooler: (912) 508-0256

Sandy Springs: (678) 420-7721

Savannah: (912) 352-0838

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 _____

For Life or Disability Protection, please select below. If no Debt Protection is desired, please select Decline.

Optional Credit Life Protection

Optional Credit Disability Protection

Decline Credit Life Protection

Decline Credit Disability 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 _____