



Bundle Up Your Budget with a

HOLIDAY LOAN

from



BORROW UP TO \$2,000 AT 13% APR FOR 11 MONTHS*

The weather outside might be frightful, but a holiday loan with MembersFirst is so delightful! Bundle up your holiday budget with a **2024 MembersFirst Holiday Loan**. Wrap up your holiday shopping – no stress, just smiles!

We'll begin accepting requests for the 2024 Holiday Loan on **Monday, October 21, 2024**. Borrow up to \$2,000 for 11 months at 13% APR*.

There is a \$30 processing fee for each request.

Complete the form and fax or bring it to a branch near you **by December 31, 2024**.

IF THIS IS YOUR FIRST TIME APPLYING FOR THE HOLIDAY LOAN, PLEASE PROVIDE:

1. The completed loan request form
2. A copy of your most recent pay stub
3. A copy of your current driver's license

**Apply for
your Holiday
Loan by
December 31!**

**CALL TO REQUEST YOUR APPLICATION OR
DOWNLOAD YOUR APPLICATION ONLINE TODAY!**



Call 404-978-0080
or 912-352-2902



Visit membersfirstga.com/offers

*APR=Annual Percentage Rate. Payment example: borrowing \$2,000 for 11 months at 13% APR is \$100 bi-weekly/semi-monthly. The estimated monthly payment is \$215.00. There is a \$30 processing fee for each approved loan application processed. Effective October 21 through December 31, 2024. All Credit Union loan programs, rates, terms and conditions are subject to change at any time without notice. First-time applicants: subject to individual creditworthiness and full underwriting guidelines and procedures.





2024 HOLIDAY LOAN ADVANCE REQUEST

FAX NUMBERS:

On-Site Locations

WELLSTAR

Cobb: (770) 732-7339

Kennestone: (770) 793-7960

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

PIEDMONT

Atlanta: (404) 609-6776

Newnan: (770) 251-9893

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) 508-0259

A \$30 non-refundable processing fee will be applied to this loan. 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) _____ Are you currently in a bankruptcy? No Yes

By signing below: (1) I authorize MembersFirst Credit Union to 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 medical leave and do not plan to take medical leave during the term of this loan; 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 _____