2025 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 _____