

MembersFirst Credit Union Fast Cash Advance Request

Cobb Hospital 770 732-7339
Douglasville 770 577-7277
North DeKalb Mall & South Fulton: 404 978-0095

Fax Numbers

Hiram: 770 222-9963
Kennestone: 770 793-7960
DeKalb Medical : 404 501-5946

A \$30 non-refundable advance processing fee will be charged for this loan. Please include a copy of your most recent paystub and your Driver's License

Amount Requested \$ _____ (maximum \$500.00)

Member Name _____

Member Address _____

Account Number _____ Social Security Number _____

Home Number _____ Work Number _____

Cell Number _____

Current Employer: DMC PBOE DBOE WellStar Other

Employer Location: _____ Length of Employment _____

Payment Frequency: Monthly Bi-Monthly Weekly Bi-Weekly

References

Nearest Relative Not Living With You	Personal Friend
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City / State/Zip _____
Telephone Number _____	Telephone Number _____

Optional Credit Life Insurance Optional Credit Disability Insurance

Have you ever filed bankruptcy ? Yes _____ (date) No

By signing below I understand that my loan payment will be \$65 per pay period or \$130 per month and I authorize MembersFirst to increase my payroll deduction amount to make my payment. I also state that I am not currently on medical leave or plan to take medical leave during the term of this loan.

Member Signature _____ Date _____

CREDIT UNION USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> Fee Collected
<input type="checkbox"/> Copy of Most Recent Pay Stub
<input type="checkbox"/> Payroll /ACH Set Up | <input type="checkbox"/> Signed Funds Advance Voucher (New Loan Only)
<input type="checkbox"/> Signed Open End Agreement (If Not on File)
<input type="checkbox"/> Receipt for Teller Transaction
<input type="checkbox"/> Copy of Driver's License |
|---|--|

Loan Officer Signature _____

Processor Initials _____