



# 2019 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

Paces: (678) 540-3060

Newnan: (770) 251-9893

Fayette: (678) 817-4345

### Additional Branches

Decatur: (404) 978-0095

Douglasville: (770) 577-7277

Hiram: (770) 222-9963

Sandy Springs: (678) 420-7721

Savannah: (912) 352-0838

**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 \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Employer/Location \_\_\_\_\_

Net Monthly Income \_\_\_\_\_

Monthly Rent or Mortgage \_\_\_\_\_

Have you ever filed bankruptcy? ☐ Yes (date) \_\_\_\_\_ ☐ No

**I would like:** Optional Credit Life Protection ☐ Yes ☐ No      Optional Credit Disability Protection ☐ Yes ☐ No

**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 \_\_\_\_\_