



**FAX NUMBERS:**

DeKalb Medical: (404) 501-5946  
 Douglasville: (770) 577-7277  
 Hiram: (770) 222-9963  
 WellStar Kennestone: (770) 793-7960  
 North Dekalb Mall and AMC Campuses: (404) 978-0095  
 WellStar Cobb: (770) 732-7339  
 Sandy Springs: (678) 420-7721

**2014 Holiday Loan Advance Request**

A \$30 non-refundable processing fee will be applied to this loan.

**IF YOU ARE A FIRST-TIME APPLICANT WE WILL NEED:**

Your most recent paystub **AND** a copy of your valid driver's license

Member Name \_\_\_\_\_

Account Number \_\_\_\_\_ Amount \_\_\_\_\_

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

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

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

Current Employer \_\_\_\_\_

Gross Monthly Income \_\_\_\_\_

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

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

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

***By signing below (1) I authorize MembersFirst Credit Union to increase my payroll deduction 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 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.***

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
- \_\_\_ 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 \_\_\_\_\_ Processor Initials \_\_\_\_\_