

*** For Credit Union Use Only ***

Installment Loans	Line of Credit Loans
Loan No. _____	Loan No. _____
Refinanced Amt. (Ln. # _____) \$ _____	CREDIT LIMIT: \$ _____
New Proceeds (Check Amt.) _____	
Other Chgs. NF <input type="checkbox"/>	
FF <input type="checkbox"/> \$ _____	Daily Interest Factor _____
CL premium _____	Annual Percentage Rate _____
Amount Financed \$ _____	Minimum Payment <input type="checkbox"/> Bi-Weekly _____
Finance Chg. for _____ Mos. Int. Rate _____ % \$ _____	Minimum Payment <input type="checkbox"/> Monthly _____
TOTAL PAYMENT \$ _____	First Payment Due Date _____
_____ Installments of \$ _____	Credit Life Ins. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Installments of \$ _____	AMOUNT OF INITIAL ADVANCE
First Payment Due Date: _____	To Member \$ _____
Payment Frequency: <input type="checkbox"/> Monthly Cash <input type="checkbox"/> Coupon Book	To Pay off Ln. # \$ _____
<input type="checkbox"/> Monthly Direct Deposit	TOTAL \$ _____
<input type="checkbox"/> Bi-Weekly Direct Deposit	First Review Date: _____
<input type="checkbox"/> Transfer _____ day(s)	
<input type="checkbox"/> AOC <input type="checkbox"/> TRCH	

Dated: _____

Processed: _____

Date: _____

APPROVED

DISAPPROVED

Loan Officer Signatures

Comments:

