800 Sylvan Avenue
Englewood Cliffs, NJ 07632
Phone: (201) 894-7389
Fax: (201) 871-8046

LOANLINER

Open-End Advance Request

BORROWER INFORMATION

BORROWER 1 NAME (LAST) (FIRST) (INITIAL) ACCOUNT NUMBER

AMOUNT REQUESTED/PURPOSE $ DATE

ADDRESS

CITY STATE ZIP HOME TELEPHONE NUMBER

PLEASE CHECK ONE:
☐ DEPOSIT IN ACCOUNT NUMBER: _____
☐ MAIL THE CHECK ☐ PICK UP THE CHECK

BORROWER 2 NAME (LAST) (FIRST) (INITIAL) ACCOUNT NUMBER

CHECK PAYABLE TO: _____

ADDRESS (IF DIFFERENT THAN BORROWER 1)

REPAYMENT METHOD:
☐ AUTOMATIC TRANSFER ☐ PAYROLL DEDUCTION
☐ CASH PAYMENT ☐ MILITARY ALLOTMENT

BORROWER 1 EMPLOYER NAME WORK TELEPHONE NUMBER DATE HIRED GROSS MONTHLY SALARY $

BORROWER 2 EMPLOYER NAME WORK TELEPHONE NUMBER DATE HIRED GROSS MONTHLY SALARY $

NOTICE: YOU DON'T HAVE TO INCLUDE INCOME FROM CHILD SUPPORT, SEPARATE MAINTENANCE, OR ALIMONY UNLESS YOU WANT THE CREDIT UNION TO CONSIDER IT.

SOURCE OF OTHER INCOME OTHER MONTHLY INCOME $

WHAT YOU OWE

LIST ALL DEBTS OTHER THAN TO THIS CREDIT UNION (Attach additional sheet(s) if necessary.)	PRESENT BALANCE	MONTHLY PAYMENT	CURRENT INTEREST RATE

SIGNATURES

By signing below, you agree the above information is true and correct and the Credit Union will rely on that information and your credit report to make a credit decision.

X (SEAL)
BORROWER 1 SIGNATURE DATE

X (SEAL)
BORROWER 2 SIGNATURE DATE

For Credit Union Use Only

REQUESTED:
☐ BY MAIL ☐ BY PHONE ☐ THRU OFFICE ☐ INTERNALLY BY CU

MEMBER PAYS PREMIUM FOR:
☐ SINGLE CREDIT DISABILITY ☐ JOINT CREDIT DISABILITY ☐ SINGLE CREDIT LIFE ☐ JOINT CREDIT LIFE

CHECK NO: _____ BRANCH NO: _____
PLAN/SUBACCOUNT NO: _____ PROCESSED BY: _____

DATE		APPROVED LIMITS:	SIGNATURE	LINE OF CREDIT	OTHER	OTHER	DEBT RATIO/SCORE BEFORE	AFTER
	☐ APPROVED ☐ DENIED (Adverse Action Notice Sent)			$	$	$		

LOAN OFFICER COMMENTS:

SIGNATURES:

X _____ DATE

X _____ DATE

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TO ORDER: 1-800-356-5012