



## MEMBER EXPRESS LOAN REQUEST

Name: \_\_\_\_\_ Amt. Requested \$ \_\_\_\_\_

Member #: \_\_\_\_\_ SSN: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/St. \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relative's Name & Address: \_\_\_\_\_

Relative's Phone: \_\_\_\_\_ *(relative must live at different address than applicant)*

- I hereby certify I am an employee in good standing and am not subject to any kind of Warning, Probation, or other disciplinary action.
- I hereby certify I have been employed at my current employer for at least 12 months.
- I hereby certify I have not filed Bankruptcy in the past two (2) years.
- I hereby certify I am a member of EACU, and have not caused the credit union any unresolved previous loss.
- I agree to obtain no more than two (2) Member Express loans per calendar year  
(must pay off before 2<sup>nd</sup> loan).
- I agree to follow up with the credit bureaus in writing to ensure that my personal credit report reflects that all accounts are current and agree to appropriate credit counseling, if deemed necessary by the credit union.
- I agree there will be no extensions of this Member Express loan.

### **PURPOSE OF FUNDS:**

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by Loan Officer: \_\_\_\_\_ Date: \_\_\_\_\_