STAT LOAN APPLICATION

Requested Loan Amount:_____

Member Information			
Last Name	First Name	Middle Initial	
Home Address (cannot be P.O. Box)	City	State	Zip
Social Security or Taxpayer Identification Number	Supervisor Name	Supervisor Phone Number	
Email Address	Home/Cell Phone Number	Work Phone Number	
Emergency Contact Address	City	State	Zip

Eligibility Information		
Current Employer	Date of Hire	Employee ID#

Two References Not Living with You			
Last Name	First Name	Phone Number	
Home Address	City	State	Zip
Last Name	First Name	Phone Number	
Home Address	City	State	Zip

The applicant signing below understands that payments will be payroll deducted at a minimum rate of $50.00 per pay period. Northside Federal Credit Union (NFCU) will charge a $50.00 application fee, which NFCU adds to the loan balance. If terminated from current employment, applicant will make payment arrangements with the Credit Union. It is further understood that if applicant is terminated from employment, applicant grants NFCU authority to transfer all available funds, including required share balance, in applicant's share account(s) to the loan balance in the event that applicant becomes delinquent with loan payments. Applicant hereby certify they have not filed for bankruptcy nor anticipate doing so in the foreseeable future.

Member's Signature	Printed Name	Date
Loan Officer's Signature	Printed Name	Date

EMPLOYEE VERIFICATION FORM

Verification Type: ☐ Membership ☐ Loan

____Atlanta FAX (404) 845.5033

____Forsyth FAX (770) 844.3801

Member Information		
Last Name	First Name	Middle Initial
Current Employer	Phone Number	Employee ID#

I authorize Northside Hospital to release information relative to my employment with Northside Hospital to Northside Federal Credit Union.

Member's Signature	Printed Name	Date
Credit Union Representative's Signature	Printed Name	Date

I authorize the release of the following information:

TO BE COMPLETED BY PAYROLL		
Employee ID	Department Number	Seniority Date of Employment
Employment Type	Employment Status	Number of Hours
Position	Base Rate	

Hospital Representative's Signature	Printed Name	Date