

# STAT LOAN APPLICATION



Requested Loan Amount:           \$800.00          

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

REV 1/2022

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. I authorize Northside Hospital to release information relative to my employment with Northside Hospital to Northside Federal Credit Union. **Must be an NFCU member for at least 6 months and Northside Hospital employee for a minimum of 1 year to qualify.**

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