

2022 Vacation Loan Application

Offering Period May 1st – June 30th

Applicant's Name: _____ Amt. Requested: \$ 800.00

Account # _____ SS# _____ - _____ - _____

Address _____ City _____ St. _____ Zip _____

Phone #s: Work: _____ Home: _____ Cell: _____

Supervisor's Name: _____ Supv. Phone # _____

Current Employer _____ Employment Date: _____

Email address: _____

Two References (not living with you) Name/Address/Phone:

1). _____

2). _____

I understand that my payments will be payroll deducted at a minimum rate of \$65.00 per pay period. A \$50.00 fee will be charged for the original application and all subsequent renewals. **If my current employment is terminated, I must make payment arrangements with the Credit Union. I further understand that if I am terminated from employment, the credit union has authority to transfer all available funds in my account to the loan balance in the event that I become delinquent with my payments. I hereby certify that I have not filed for bankruptcy and that I do not 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.

Member's Signature _____ Date: _____

Approved by Loan Officer _____ Date: _____