

I/D Ratio _____

Quick Cash Loan APPLICATION

Amount I'd like to borrow:	l would lik ── □ Cash/Ma	ke to make my payments by	<i>/</i> :
Purpose of loan:		from Share Account from Checking Account	ACCOUNT NUMBER
NAME	SOCIAL SECURITY NUMBER	EMAIL ADDRESS	
ADDRESS, CITY, STATE, ZIP		PHONE NUMBER	DRIVER'S LICENSE NUMBER
BIRTHDATE	MOTHER'S MAIDEN NAME		BASE GROSS MONTHLY INCOME (verifiable)
EMPLOYER	POSITION	DATE STARTED	EMPLOYMENT PHONE NUMBER
EMPLOYMENT ADDRESS, CITY, STATE, ZIP			OTHER INCOME/SOURCE (verifiable)
REFERENCE 1 (OTHER THAN SPOUSE)	SPOUSE) ADDRESS, CITY, STATE, ZIP		PHONE NUMBER
REFERENCE 2 (OTHER THAN SPOUSE)	ADDRESS, CITY, STATE, ZIP		PHONE NUMBER
MORTGAGE CO. OR LANDLORD'S NAME	MONTHLY PAYMENT		MORTGAGE BALANCE
WHAT COMPANY IS YOUR AUTO LOAN FINANCED THROUGH?	MONTHLY PAYMENT		AUTO LOAN BALANCE
WHICH MAJOR CREDIT CARD (COMPANY) DO YOU USE?	MONTHLY PAYMENT		CREDIT CARD BALANCE
HAVE YOU OR ARE YOU IN THE PROCESS OF FILING FOR BA	NKRUPTCY?	ARE YOU CURRENTLY ENROLLED IN YES	A DEBT MANAGEMENT PROGRAM?
	attach separat	TE LIST FOR ADDITIONAL DEBTS	
Voluntary Debt Protection Option (Choose on I WANT more information about Debt Protecti loan approval. In order for my loan to be cover	on. I understand the credit union w		The protection is voluntary and does not affect my inditions(initials)
I DO NOT WANT Debt Protection(initi	als)		
authorize Us, Our employees and agents to i	nvestigate and verify any informat ature will have the same legal force	ion provided to Us by You. You author	or not to grant the applied for credit. You hereby rize Us to accept Your facsimile signature on this You assume any risk that may be associated with
X	Date	• •	application to any branch, mail it to ak, MI 48073 or fax it to (586) 751-2454
Loan Officer - Approves/Rejects	CREDIT U	NION USE ONLY	
Signature	 Date		iled

by initials