MINI-LOAN APPLICATION

Marriott Employees' Federal Credit Union PO Box 6006 Bethesda, MD 20827 Telephone: 800-821-7280

Fax: 301-634-5175



You must be a MEFCU member in good standing to apply for this loan. A minimum of \$33 weekly via direct deposit must be established into a MEFCU account prior to receiving loan disbursement. You must not currently be in bankruptcy.

A \$35 loan application fee will apply.

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MEFCU Account #			
APPLICANT INFORMATION		EMPLOYMENT & FINANCES include copy of most recent pay stub.	
Name (first, middle, last)		Employer Gross monthly salary	
Social Security #	Date of birth (Mo/Day/Yr)	Address	
Home phone	Work phone	Date Hired Yrs. in profession Division/Property #	_
Cell phone	Email address	Position/Grade	_
Home address	Apt. #	Additional monthly income* Source Total # of dependents	 }
City, State, Zip	How long at residence?	*Alimony, child support and separate maintenance income need not to be revealed if you do not wish to have it considered as a basis for repaying the loan.	
Nearest relative not living with you	Phone	Best way to reach you (choose one):	
Personal reference (not a relative)	Relationship to borrower Phone	☐ Cell ☐ Home phone ☐ Email address	
PLEDGE OF SHARES: I pledge and grant the Credit Union a		n or shares hereafter acquired to secure this loan and any other amount I owe the shareholdings to pay any amount due in the event of default.	
Signature of Applicant	7 11 7	Date	
X			
OPTIONAL CREDIT INSURAN	CE (Insurance is not required to obtai	r credit.) Note: you must check the appropriate boxes below.	
Credit Life and/or Credit Disability Insurance is not required to obtain credit and will be included only if authorized below by you. Each month, the insurance charge is		Monthly Premium Rates Per \$1,000 of Outstanding Principal Balance	
cycle. You must be under age 65 to re Insurance, you must be actively and p	own by the balance on the last day of the billing equest the insurance. For Credit Disability ohysically at work for wages or profit for at least	I select: Credit Life Single Coverage \$0.26 ☐ Yes ☐ No	
advance for the insurance to take effe is eligible for Credit Disability. Refer to details of your coverage. By signing b	less than 14 days immediately prior to each ect for that advance. Only the primary borrower o your Certificate of Insurance for other important elow, you are applying to Transamerica Life	I select: Credit Disability Single Coverage \$0.62 ☐ Yes ☐ No	
Insurance Company and agree to pay	the premium for the coverage selected.		

Signature of Applicant

Date