



**Union County Employees Federal Credit Union**  
**2 Broad Street – 15th Floor**  
**Elizabeth, NJ 07201**  
**Phone: (908) 527-4014 Fax (908) 558-2373**

# THE ANYTIME LOAN

## LOAN SPECIAL APPLICATION FORM

**\$1,000 – 12 Months - 15%**  
**Application Fee \$20.00 – LATEST PAY STUB REQUIRED**

NAME \_\_\_\_\_

ACCT# \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY/STATE/ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

### Name, Address and Phone Number of Nearest Relative Not Living With You:

NAME	ADDRESS	PHONE NUMBER

APPLICANT FOR THIS NO-CREDIT CHECK LOAN SPECIAL MUST BE A MEMBER IN GOOD STANDING. A MEMBER IS ELIGIBLE FOR ONLY ONE OUTSTANDING "NO CREDIT CHECK" LOAN. LOAN PAYMENTS CAN BE DEDUCTED THROUGH PAYROLL DEDUCTION EACH MONTH. THE AVAILABLE LOAN PROTECTION INSURANCE PLAN HAS MULTIPLE OPTIONS (BOTH LIFE AND DISABILITY). CREDIT INSURANCE IS VOLUNTARY AND NOT REQUIRED TO OBTAIN YOUR LOAN. A MEMBER DOES NOT QUALIFY IF THEY ARE DELINQUENT ON ANY OUTSTANDING CU LOAN OR HAS A CURRENT LOAN MODIFICATION OR EXTENSION. THE CREDIT UNION RESERVES THE RIGHT TO DENY ANY MEMBER A NO CREDIT CHECK LOAN BASED UPON A MEMBER'S PRIOR LOAN HISTORY WITH THE CU OR IF IT DEEMED TO BE IN THE BEST INTERESTS OF THE CU AND ITS MEMBERS.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUTHFUL AND ACCURATE. I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE STATEMENT AND TERMS OF THE LOAN.

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I WOULD LIKE TEMPORARY DISABILITY INSURANCE ON THIS LOAN: YES \_\_\_\_\_ INITIALS \_\_\_\_\_

I WOULD LIKE PAYROLL DEDUCTION: YES \_\_\_\_\_ INITIALS \_\_\_\_\_