Quick Cash Loan Application

Name:		Amount Requested:	
Account No.	SSN	Phone #	
Current Address:		City, State	
Supervisor's Name:		Supv. Phone #	
Current Employer:		Employment Date:	
Relative's Name & Add	ress		<u> </u>
Relative's Phone #			
processing fee will be ch	arged. I furth	weekly minimum) will be payer understand that if I am terme funds to pay off the loan.	roll deducted, and a \$25.00 inated from employment, the credit
*Requirements: Must be paystub.	e employed ful	l-time with the same employer	for 24 months. Must bring current
•	ponsored by Fir.	ash Loan Applicants will be requ st Reliance FCU. FRFCU will p	ired to attend and complete the ull a credit report to be reviewed at
Member's Signature:		Date:	
Approved by Loan Officer:		Date:	
Human Resources Use C			
HR Administrator / Sup	pervisor Name:		
Employee Name:		Employment Date:	_
Probation Warning POINTS	Yes Yes	No No	
Comments:			
HR Administrator / Sup	pervisor's Signa	iture:	Date: