

Grace Co-op. Credit Union offers “Easta Runnins”

Maximum accessible is \$200,000

- Interest rate is 17% per annum.
- Loan is on an unsecured basis. Must have at least 10% in voluntary shares.
- Application deadline is April 28, 2020.
- Repayment period up to 4 months, starting April 2020 if loan is disbursed before April 10, 2020.

APPLICATION FORM FOR SPECIAL EASTER LOAN

Application Date _____ Account Number _____

Name of applicant _____

Amount required \$_____ Date cheque required _____

Home Address _____

Home tel. # _____ other tel. # _____

Date of Birth _____

Name of Employer _____ Office tel.# _____

Address of Employer _____

Position _____ Monthly/Weekly Salary \$_____

Name, Address & Tel. # of next of kin _____

Credit Obligations – List all debts, your installments and recurrent monthly obligations below. Attach an additional sheet to capture this information if necessary.

Name of Creditor/ type of obligation	Monthly Payments	Balance Owing
Rent/mortgage		
Insurance Cost		
Food Expense		
Transportation		
Utilities		
Loans		

I hereby agree to comply with all the terms, conditions, rules and regulations of Grace Co-operative Credit Union Limited, to repay the amount borrowed with interest at seventeen percent (17%) per annum on the reducing balance over four months (for amounts \$50,000 and over) starting April 2020. I also agree to allow the Credit Union to collect any outstanding amount owed from proceeds of my salary or any other perquisites that may be due to me if necessary.

.....
Signature (Applicant)

.....
Signature (Witness)

FOR OFFICE USE ONLY	
Share a/c balance \$ _____	Current loan repayment \$ _____
Current loan balance \$ _____	Monthly repayment \$ _____
Current unsecured loan amt. \$ _____	New loan installment \$ _____
Information prepared by _____	Loan approved by _____

Pay cheque to the order of: _____

Cheque Total: _____ Membership Account #: _____

Cheque #: _____ Date: _____

Cheque signed by (1) _____ (2) _____

Cheque received by _____ Delivered by: _____

DEDUCTION AUTHORISATION

I authorize deduction of \$ _____ from my salary payable to Grace Co-op. Credit Union Limited effective _____. This instruction can only be cancelled in writing by the said Credit Union.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

WITNESS: _____

PLEASE INCLUDE COPIES OF YOUR LAST THREE PAYSLEIPS