

\$700 Summer Fun Loan

No Credit Check Required!

All '\$700 Loan' applications are subject to a non-refundable \$20 loan processing fee

MEMBER INFORMATION (*membership must be established for a minimum of six months*)

ACCOUNT NUMBER	TODAY'S DATE	SOCIAL SECURITY NUMBER	PHONE NUMBER
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LAST NAME	FIRST NAME	MIDDLE	DATE OF HIRE
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ADDRESS	CITY	STATE	ZIP
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MHS FACILITY	EMPLOYEE ID	PHONE/EXTENSION	Bankruptcy Y/N?
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PAYMENT INFORMATION

.049315	18.00%	\$700
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DAILY PERIODIC RATE	ANNUAL PERCENTAGE RATE	LOAN AMOUNT
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\$61.14	\$61.05	06/09/2021	11/10/2021	BI-WEEKLY
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11 PAYMENTS OF	LAST PAYMENT OF	FIRST PAYMENT DUE DATE	LAST PAYMENT DUE DATE	PAYMENT FREQUENCY
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REQUIREMENTS

A \$20 non-refundable processing fee applies

Accounts must be opened for a minimum of 6 months

All previous \$700 loans must be current

The loan application must be filled out completely and signed prior to submitting

Attach most recent paystub

Must be actively employed by MHS for a minimum of 2 years

All MEFCU accounts must be in good standing – *no overdrawn accounts & no delinquent loans*

SIGNATURE (*read below before signing*)

By signing below I agree to make payments in the amount and at the time shown in the payment terms section above. I agree to make bi-weekly payments via payroll deduction. Signature of this form does not guarantee approval for this loan. Applicant's membership with MEFCU must be established for a minimum of six months and applicant must be actively employed by MHS for a minimum of two years. All CU accounts must be in good standing and repayment history on previous CU loans must have been paid in a timely manner and all prior \$700 loans must be current.

X _____

SIGNATURE DATE

All loan funds will post no later than 05/21/21 at 5pm. Funds will be deposited into your primary share savings account.

Please submit this application filled out with your most recent MHS Paystub and the attached Payroll form to your nearest MEFCU Branch.

CREDIT UNION USE ONLY (*do not write in this area*)

- Verified employment date _____
- Verified accounts are in good standing _____
- Approved _____
- Posted \$20 fee _____

X _____

LOAN OFFICER SIGNATURE DATE

LOAN OFFICER COMMENTS:

Direct Deposit – Employee Authorization Form

Employee Name: _____ ID Number: _____

Department/Location: _____ Phone Number: _____

I authorize Memorial Healthcare System (MHS) and my bank to automatically deposit my payroll check into my account(s) listed below. I understand I must notify Memorial Healthcare System of any changes to my account(s) in order for changes to take effect, and to ensure I always receive my pay in a timely manner.

Employee Signature: _____ Date: _____

Account Information

You can have up to four direct deposit accounts. You must always have one default account, and can have up to three additional accounts. Your default account is where any bonuses, expense reimbursements, and other off-cycle checks will be deposited, as well as any funds not allocated to your additional accounts. You can designate a specific dollar amount to be deposited into your additional accounts. Submit your completed form to the Payroll office by email at payroll@mhs.net, by fax at 954-276-6060, or through interoffice mail.

Account 1 (Default Account) Bank Name: _____

Circle one: Add Remove Change

- Checking
- Savings

Routing Number: _____
Account Number: _____

Account 2 Bank Name: _____

Circle one: Add Remove Change

- Checking
- Savings

Routing Number: _____
Account Number: _____
Dollar Amount: _____

Account 3 Bank Name: _____

Circle one: Add Remove Change

- Checking
- Savings

Routing Number: _____
Account Number: _____
Dollar Amount: _____

Account 4 Bank Name: _____

Circle one: Add Remove Change

- Checking
- Savings

Routing Number: _____
Account Number: _____
Dollar Amount: _____

For Payroll Use Only:

Processed by: _____

PPE: ____/____/____