

Direct Debit



FOR OFFICIAL USE ONLY

No:

Date:

D.O.H required: Y / N

DD mandate: Y / N

ASTI Credit Union Ltd

LOAN APPLICATION FORM

ALL SECTIONS OF THIS FORM MUST BE COMPLETED IN FULL

Lo Call: 1850 44 31 31

FOR OFFICIAL USE ONLY

Approved:

Refused:

C.C. L.O. B.O.D

I/we approve the loan overleaf of € _____

Signatures: _____

Subject to the following conditions.

Total loan: € _____

Loan officer
Credit Committee
Board (Chairperson)



ASTI Credit Union Ltd
LOAN APPLICATION FORM

PERSONAL DETAILS

Date:	Credit Union account No:
Name:	Date of Birth:
Home Address:	Email:
	Home Phone No:
	Mobile No:
Length of time at current address?	My Residence is: Mortgaged <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other <input type="checkbox"/> Details:
If less than 1 year give previous address:	Marital Status:
	No. of dependent children:

EMPLOYMENT DETAILS

Occupation:	Spouses occupation:
Employer/School:	Employer:
Work Address:	Work Address:
Work Phone No:	Work Phone No:
Contract Type :	Contract Type :

HOUSEHOLD INCOME

	€ per fortnight/month	Additional Information
Gross Monthly Salary (before tax)		
Net Monthly Salary (after credit union and other deduction)		
Spouses Income		
Social Welfare Benefits		
Child Benefits		
Other income: pension/room rent/ grants etc.		
Annual Income for exam corrections etc. divided by 12 months		
Additional Household Income:		
Total Monthly Income:		



ASTI Credit Union Ltd
LOAN APPLICATION FORM

HOUSEHOLD EXPENDITURE

	€ per month	€ Outstanding Balance	Additional Information
Mortgage Principal Private Residence			
Other Mortgage			
Other Mortgage			
Mortgage Arrears			
Rent			
Maintenance			
Childcare			
Transport			
Education			
Health Insurance			
Household Costs: Food/Utilities/Insurance			
Medical expenses			
Credit Card			
Credit Card			
Credit Card			
Other CU Loan			
Bank Loan			
Bank Loan			
Bank Loan			
Hire Purchase agreement			
Guaranteed loan			
Other			
Total Monthly Expenditure			

CONSENT TO USE AND DISCLOSURE

I authorise ASTI Credit Union to process and retain data provided by me in respect of this application, to seek and provide credit references (searches), to record details of any transaction which may result from this application with Irish Credit Bureau Limited (ICB) and ICB to record, retain and disclose to its members details of such searches for a period of one year.

I acknowledge that ASTI Credit Union and/or ICB are permitted to disclose any material misstatement of fact contained in the application for financial accommodation to its members and relevant bodies. I consent to any such application being processed, recorded and retained by ICB.

Signature:..... Date:.....

Witness:..... Date:.....



ASTI Credit Union Ltd
LOAN APPLICATION FORM

LOAN DETAILS

Current Share Balance: €	
Current Loan Balance: €	Loan Type:
Current Loan Balance: €	Loan Type:
Current Loan Balance: €	Loan Type:
New Loan Required: €	Is this a Top Up on your current loan? Yes No
Purpose of new loan:	
Period of Loan:	
Payment details:	
Proposed Loan Repayment (incl interest): €	per month
Total Payment Amount: €	per month
Date Loan Required:	
To include loan repayment, interest and savings. Members are required to save a minimum of €10 per month	
<u>NB ONLY SHARES IN EXCESS OF YOUR LOAN BALANCE ARE WITHDRAWABLE (SUBJECT TO BOARD APPROVAL)</u>	

If you would like your loan paid directly into your bank account please complete the following:	
Name of Bank:	Bank account Number:
Bank Sort Code:	Signature:
Please ensure that the above details are correct	

DECLARATION

<p>I hereby apply for the above loan, for the provident or productive purpose outlined, to be repaid in fortnightly/monthly (please circle one) instalments, inclusive of interest, on the security of my savings and any other agreed security. I am not indebted to any other credit union, bank or loan agency either as borrower or guarantor, except as stated above under commitments. The information given by me on this form is made for the purpose of obtaining the loan, and is true to the best of my knowledge and belief.</p>	
<p>I confirm that I am fit to follow my normal occupation or duties (please circle one) Yes No</p>	
<p>I have read and understand this document (please circle one) Yes No</p>	
<p>Signature:..... Date:.....</p>	



ASTI Credit Union Ltd
LOAN APPLICATION FORM

DIRECT DEBIT AMOUNT FORM

ASTI Credit Union Ltd Direct Debit Amount Form

This form must be returned to the ASTI Credit Union and NOT to your Bank

BLOCK CAPITALS ONLY

Name: _____

Credit Union Number: _____

Shares per month: € _____

Loan repayment amount per month: € _____

Cash/Car Draws (€4.32 per month): € _____

Total Direct Debit Amount per month: € _____

Members Signature: _____ Date: _____

ADDITIONAL INFORMATION:



ASTI Credit Union Ltd

Wellington House

25 Wellington Quay

Dublin 2

Tel: 01 6750670

Lo Call: 1850 44 31 31

Fax: 01 6750680

Email : info@asticu.ie

[View your account online at www.asticu.ie](http://www.asticu.ie)