



Tuition Loan Application  
And  
Credit Agreement

**TDECU**  
YOUR CREDIT UNION

Texas Catholic Community Credit Union/TDECU  
4312 Town Center Dr., Fort Worth, TX 76115  
800-256-0779/800-839-1154 [WWW.TCCCU.ORG](http://WWW.TCCCU.ORG)

**ST. JOSEPH CATHOLIC SCHOOL-ARLINGTON**  
Catholic Diocese of Fort Worth

Date: \_\_\_\_\_ If you are already a TCC/TDECU member, please write  
your account number: \_\_\_\_\_

Name of Primary CU Member/Borrower: \_\_\_\_\_

Address: \_\_\_\_\_ Years at this address: \_\_\_\_\_

\_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Student's Name(s): \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

Amount of Loan: \_\_\_\_\_

**\*\* YOUR ANNUAL PERCENTAGE RATE WILL BE 4% APR WHEN LOAN APPLICATION IS FILED WITH TCC/TDECU ON OR BEFORE JUNE 15, 2016. YOUR ANNUAL PERCENTAGE RATE WILL BE 6.5% WHEN LOAN APPLICATION IS RECEIVED AFTER JUNE 15, 2016. \*\***

**\*\*** Your payment is due on or before the date shown below and due on the same date each month thereafter, and will be considered late if not received on or before that date. It is your responsibility to have your payment at the above TCC/TDECU address by: July 5<sup>th</sup>.

**\*\*** You understand the loan you are entering into with TCC/TDECU is guaranteed by the school, and that the status of your loan may be discussed with school administration officials. You agree that the funds issued on this loan are paid directly to the school.

**\*\*** A member whose payment is returned for any reason will be assessed a returned fee of \$28.00. Payments received more than 25 days after the due date will incur a late charge of 5% of the scheduled payment amount.

**\*\*** By signing below, you agree to the above statements and agree to comply with the terms and conditions in the LOANLINER Credit Agreement and the repayment terms shown on the Disbursement Voucher and Security Agreement. You acknowledge receipt of a copy of the LOANLINER Credit Agreement. You understand that Credit Disability and Credit Life insurance coverage may be available on your loan on a voluntary basis and at an additional cost which would be added to your loan each month. You may contact the credit union for information on obtaining this coverage.

Parent Signature: \_\_\_\_\_

School Authorized Signature: \_\_\_\_\_