

MINI-LOAN APPLICATION

Marriott Employees' Federal Credit Union
PO Box 6006
Bethesda, MD 20827
Telephone: 800-821-7280
Fax: 301-634-5175



**You must be a Credit Union member to apply and work for a MEFCU Sponsor Company.
Non-MEFCU members must also include a membership application with this form.
A \$35 loan application fee applies.**

MEFCU Account #

APPLICANT INFORMATION

Name (first, middle, last)

Social Security # Date of birth (Mo/Day/Yr)

Home Phone Work Phone

Home Address Apt #

City, State, Zip How long at residence?

Nearest relative not living with you Phone

Personal reference (not a relative) Relationship to borrower Phone

EMPLOYMENT & FINANCES

Include copy of most recent pay stub

Employer Gross Monthly Salary

Address

Date Hired Yrs. In profession Division/Property # Position/Grade

Additional monthly income* Source Total # of dependents

*Alimony, child support and separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying the loan.

I authorize the Credit Union to: (a) deduct \$10 per week, plus my loan payment from my payroll and deposit it into a designated share savings account and (b) make automatic deductions of my actual loan payments from the designated share savings account. For Mini-Loans, the \$10 per week will be frozen in an account for up to 50% of the credit limit. I warrant the truth of my application—oral, by phone, written, faxed or by electronic means—and authorize you, your employees and agents to investigate and verify any information I provide. I authorize my employer or their agent to provide employment, compensation and demographic information about me to you. **By submitting this application, I authorize MEFCU to take a \$35 loan application fee from my account.**

PLEDGE OF SHARES:

I pledge and grant the Credit Union a security interest in my shares with the Credit Union or shares hereafter acquired to secure this loan and any other amount I owe the Credit Union, now or in the future. I further agree that the Credit Union may apply those shareholdings to pay any amount due in the event of default.

Signature of Applicant

Date

X _____

OPTIONAL CREDIT INSURANCE (Insurance is not required to obtain credit.) Note: You must check the appropriate boxes below.

Credit Life and/or Credit Disability Insurance is not required to obtain credit and will be included only if authorized below by you. Each month, the insurance charge is calculated by multiplying the rate shown by the balance on the last day of the billing cycle. You must be under age 65 to request the insurance. For Credit Disability Insurance, you must be actively and physically at work for wages or profit for at least 30 hours per week for a period of not less than 14 days immediately prior to each advance for the insurance to take effect for that advance. Only the primary borrower is eligible for Credit Disability. Refer to your Certificate of Insurance for other important details of your coverage. By signing below, you are applying to Transamerica Life Insurance Company and agree to pay the premium for the coverage selected.

Monthly Premium Rates Per \$1,000 of Outstanding Principal Balance		
I select:	Credit Life Single Coverage	\$0.62
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I select:	Credit Disability Single Coverage	\$0.76
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Applicant

Date

X _____