

info@jtacreditunion.com http://jtacreditunion.com

## EASI ACCESS LOAN FACILITY

Fill out and sign the application as required.

Details concerning finance charges, including transaction fees, will be sent to you upon arrival of the application.

SECTION A - APPLICANT								
LAST NAME:		FIRST NAME:			MIDDLE INITI	AL:	DATE	E OF BIRTH (DD/MM/YY):
MEMBERSHIP #: DF		IVER'S LICENCE #:		TRN #:			PASSPORT #:	
HOME PHONE:	BUSINESS PI	DNE / EXTENSION:			NUMBER DEPENDENTS:		AGES:	
PRESENT ADDRESS:						YEARS AT THIS ADD	RESS:	Own 🔄 Rent 🗌

EMPLOYMENT & INCOME INFORMATION						
NAME OF EMPLOYER:				HOW LONG:	PHONE:	
ADDRESS OF EMPLOYER:				JOB TITLE/POSITION:		
SELF EMPLOYED?	TYPE OF BUSINESS:		GROSS SALARY \$:	OTHER INCOME \$:	SOURCE OF INCOME:	
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:			RELATIONSHIP:	HOME PHONE:		
NAME OF FRIEND (NOT A RELATIVE) ADDRESS					HOME PHONE:	

	FINANCIAL OBLIGA	ΓΙΟΝ		
NAME:	PURPOSE / TYPE OF ACCOUNT:	DATE INCURRED:	BALANCE OWING:	MONTHLY PAYMENT:
ADDRESS:	I	I		
NAME:	PURPOSE / TYPE OF ACCOUNT:	DATE INCURRED:	BALANCE OWING:	MONTHLY PAYMENT:
ADDRESS:				
NAME:	PURPOSE / TYPE OF ACCOUNT:	DATE INCURRED:	BALANCE OWING:	MONTHLY PAYMENT:
ADDRESS:	•	•		

## Please sign authorization

I agree to the terms and conditions of the Easi Access Loan agreement and promise to repay all credit extended to me pursuant to this application in accordance therewith, whether or not the Easi Loan credit is granted. I consent to your exchanging information with other partners concerning my credit history, income and/or employment. I certify under penalties or perjury that the above information is correct. I assume full responsibility for all transactions on the account.

Signature of Applicant	I	Date		
Please remember to sign and date t	his application and attach a copy of	f your payroll stub		
Date	Credit Score:	Recommended by:	Approved by:	
Line of Credit				