

Print and complete application.

Turn it in at a branch, via email loan.dept@alivecu.coop or fax to 904-296-8269

Member Information	Easy Cash Plus Loan	
Name: Member #:	Requirements:	
Home Address:	*Applicant must be a member for 90 days or more with direct deposit	
Phone Number:	*Applicant must be employed with verifiable income *Credit Union accounts must be in good standing	
Employment	*Approved regardless of credit	
Employer: Hire Date:	*Only one Easy Cash Plus Loan at a time	
Position / Title: Work Number:	Loan Terms:	
	Loan Amount:	\$1,000
	Annual Precentage Rate:	18.00%
	Loan Term:	12 months
	Non-Refundable Fee	\$20.00
	Member receives \$500 at closing \$500 is released when loan in page 1	-
By signing below, you authorize Alive Credit Union to obtain a agree with the terms and requirements of this loan. You also at the time of application.		
Signature:	Date:	

Negative Information Notice: We may report information about your account to credit bureaus. Late payments, missed payments, insufficient funds transactions or other defaults on your account may be reflected in your credit report.