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Advance Request Form: (complete this form if you have had previous loans with the credit union) Borrower 1: Account #: Date Borrower 1 Address: Borrower 2: ______Account #: _____ Borrower 2 Address: Borrower 1 Phone: (Home/Cell) Work Phone: Borrower 2 Phone: _____ (Home/Cell) Work Phone: _____ Amount Requested: _____ Purpose of Advance: If this is for a debt consolidation please list the debts you desire to have paid off. Use the back of this paper if more room is necessary. If advance is approved checks will be made to creditors. Addresses and account #'s will be needed. Name/Amount Name/Amount Name/Amount Deposit Check to Account Number _____ Circle the Ones that apply: Daily Batch Transfer/Coupons Make a Check Payable to: Bi-weekly/Semi-monthly/Month Preferred first payment date Has any of the following information changed in the last 6 months? ☐ Employer Position ☐ Wage/Salary ☐ Hours per week □ Other Income/Source ☐ Mortgage or Rent Payment ☐ Filed for Bankruptcy/Collections or Garnishments ☐ Have you incurred any new debts/paid off any debts Credit Score: _____ Debt Ratio: _____ Unsecured Debt: ____ Delinquency w CU: ____ Funds on Deposit (Share/CD): _____ Length of Employment: ____ Delinquency w others: ____ Changes marked above verified: Approved Denied Adverse Action Notice Sent Date _____ Loan Officer ____