

STOCKING STUFFER LOAN APPLICATION

Amount Requested

\$1,038.00 <input type="checkbox"/> \$110.00 Mthly <input type="checkbox"/> \$55.00 Bwklly	\$1,538.00 <input type="checkbox"/> \$160.00 Mthly <input type="checkbox"/> \$80.00 Bwklly	\$2,038.00 <input type="checkbox"/> \$215.00 Mthly <input type="checkbox"/> \$110.00 Bwklly	\$2,538.00 <input type="checkbox"/> \$265.00 Mthly <input type="checkbox"/> \$135.00 Bwklly	\$3,038.00 <input type="checkbox"/> \$315.00 Mthly <input type="checkbox"/> \$160.00 Bwklly	Other Amount up to \$5,000 <input type="checkbox"/> _____
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You may apply for any amount between \$500 and \$5,000 in multiples of \$100. If your request differs from the examples above, please record the amount under "Other Amount". If you require verification of the payment amount, please contact our Loan Department. Your loan will be life insured on the Applicant only at a maximum cost of \$38 (insurance fee will be deducted from the proceeds on closing). Some limitations and conditions apply. Your Life Insurance Certificate #EV-032 is available at your branch.

** Stocking Stuffer funds may not be used to paydown or payout existing loans with Ontario Educational Credit Union Limited.

Payments will commence in January 2010 for a period of 11 months.

For value received, I/we promise to pay jointly and severally the sum requested above and costs of the loan to Ontario Educational Credit Union Limited.

DATED AT _____ This _____ day of _____ 20 _____

x _____ x _____
 APPLICANT'S SIGNATURE CO-APPLICANT'S SIGNATURE

Personal Information

Account Number		Date	
Applicant's Name		Date of Birth (MM DDYY)	Social Insurance Number
Co-Applicant's Name		Date of Birth (MM DDYY)	Social Insurance Number
Address		Telephone	
Employer	Position	Length	
Location	Telephone	Annual Income	

ASSETS			LIABILITIES		
Type	Value	Type	Where	Balance	Payment
Real Estate	Mortgage	Rent			
Other		Loans			
		Credit Cards			

I/We declare that there are no other debts or liabilities outstanding other than those listed above. I/We authorize the Credit Union to obtain personal and credit information regarding me/us and to furnish to other credit grantors and any credit bureau the particulars of this application. I/we understand interest will be charged at the rate stated, from date of advance to date of repayment in full.

DATED AT _____ This _____ day of _____ 20 _____

x _____ x _____
 APPLICANT'S SIGNATURE CO-APPLICANT'S SIGNATURE

Disbursement of Funds

Upon approval of my/our loan, I/We would like to make the following arrangements:

<input type="checkbox"/> DEPOSIT TO MY/OUR CREDIT UNION ACCOUNT ACCOUNT # _____	OR:	<input type="checkbox"/> ISSUE A CHEQUE _____	<input type="checkbox"/> I WILL PICK UP THE CHEQUE OR: <input type="checkbox"/> SEND THE CHEQUE TO: _____ _____
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Payment Authorization:

I hereby authorize you to transfer my payment from A/C # _____

PCA Savings

x _____
 APPLICANT'S SIGNATURE

For Office Use Only:	
DATED _____	GDS _____
LOAN OFFICER _____	TDS _____
CHEQUE # _____	C.C. _____

I hereby authorize the payroll supervisor of the _____ Board of Education to deduct from my pay each payroll period \$ _____ & transmit same to the Ontario Educational Credit Union Limited.

Effective _____

x _____
 APPLICANT'S SIGNATURE

