



Piedmont Hospital Federal Credit Union Quick Cash Loan Application

Name: _____ Amt. Requested: _____

Account # _____ SS# _____

Phone #s: Work: _____ Home: _____ Cell: _____

Address _____ City, St, Zip _____

Supervisor's Name _____ Supv. Phone # _____

Current Employer _____ Employment Date _____

Two References (not living with you) Name/Address/Phone

1) _____

2) _____

I understand that my payments will be payroll deducted at a rate of \$50.00 per pay period. A \$10.00 fee will be charged for the original application and all subsequent add-ons to the quick cash line of credit loan. **If my employment with Piedmont is terminated, I must make payment arrangements with the Credit Union. I further understand that if I am terminated from employment, the credit union has authority to transfer all available funds in my account to the loan balance in the event that I become delinquent with my payments. I hereby certify that I have not filed for bankruptcy and that I do not anticipate doing so in the foreseeable future.**

Member's Signature _____ Date _____

Approved by Loan Officer _____ Date _____

Supervisor's Use Only

Employee's Name: _____

Department: _____

Employment Date: _____

Probability of continued employment: Yes _____ No _____

Full Time _____ Part Time _____ If part time, avg hrs per pay period _____

Comments:

Supervisor's Name _____

Supervisor's Signature _____ Date _____