

DIRECTIONS FOR **DEBT CONSOLIDATION LOANS**

PLEASE **READ AND COMPLETE** ALL OF THE FOLLOWING INFORMATION -

REQUIREMENTS

Completed Loan Application and Directions Form
Verification of Income
Payoff Statements

Only debts with statements provided will be included in loan!

Incomplete Loan Applications will cause a delay in the processing of your request!

1. Insurance Option(s):

Single Life Joint Life Single Disability Joint Disability
None

2. Amount Requested: (Up to \$50,000)

Amount Requested _____

***Debt Consolidation Loans may NOT be refinanced!**

3. Payment Frequency:

Weekly (52 pymts/yr)	Biweekly (26 pymts/yr)	Monthly (12 pymts/yr)	Bimonthly (24 pymts/yr)
_____	_____	_____	_____

4. Number of months the loan is to be repaid in (Maximum 120 Months):

5. Method of Repayment:

Over-the-Counter Payment with 1st Payment Date of _____

Payroll Direct Deposit with 1st Payment Date of _____

Automatic Transfer Payment with 1st Payment Date of _____
From: Savings **or** Checking

If you have any questions, please contact the office at (607) 324-8384.