



That's Life Loan Application

Do I qualify?

- I have at least 2 years on the job at my current employer.
- I have been a member of ATLFCU for at least 6 months.
- I have paid 6 on time payments or paid off my last That's Life Loan.

841 36TH ST SW
 Wyoming, MI 49509-3543
 616-257-4285
 616-249-3666 (fax)
 staff@atlfcu.com

How much may I borrow? (Please select amount requested.)

- \$400.00 (requires 2 years on the job) Payment=\$36.11/month
- \$600.00 (requires 3 years on the job) Payment=\$54.15/month
- \$800.00 (requires 4 years on the job) Payment=\$72.20/month
- \$1,000.00 (requires 5 years on the job) Payment=\$90.24/month

**All That's Life Loans are
 disbursed to your ATLFCU
 Checking or Prepaid Debit card.**

What are the terms?

- The interest rate is 15% and must be paid back over 12 months.

NAME: _____ ACCOUNT #: _____

ADDRESS (Include City/zip): _____

HOME PHONE: _____ CELL PHONE: _____

REFERENCE (name, address, phone #): _____

I certify that all information contained in this application is correct to the best of my knowledge. I hereby give the Credit Union authorization to obtain my credit report, employment history, and to answer questions about your credit experience with me. I understand that it may be a federal crime punishable by fine or imprisonment (or both) to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the US Criminal Code. By signing this One Day Loan Application, I confirm that I am not currently in the process of filing for bankruptcy, I do not have plans to file in the near future, and that I am not in the process of bankruptcy that has not yet been discharged.

SIGNATURE: _____ DATE: _____

Please attach your last paystub!

Employment Verification

(for Employer only)

This is to certify that (Employee Name) _____

is working as (Position) _____

since (Date of employment) _____

 Official's Name and Title

 Employer Name

 Official's Signature

 Official's Phone

 Employer Address