



Applying For A Stretch Pay Loan At Eaton Family Credit Union is Easy!

Just Complete And Return This Application At Your Earliest Convenience*.

Mail this completed application to Eaton Family Credit Union, fax it to us at **216-920-2030** or email to **Loan@EatonFamilyCU.com**

Stretch Pay Loan Amount \$250.00

Current Member Account Number: _____

Applicant Name (First - MI - Last)	
Home Address (Street & No.)	
City/State/ Zip	
Home Phone	Social Security Number
Employer	Position
Business Phone	\$ Gross Monthly Income

STRETCH PAY APPLICANTS: Please include information on your two closest relative not living with you.

Relative 1 Name	Relationship
Address	
Relative Home Phone	Relative Work Phone
Relative 2 Name	Relationship
Address	
Relative Home Phone	Relative Work Phone

STRETCH PAY LOAN APPLICATION CHECKLIST

- Eaton Family Credit Union member for at least 60 days.
- 18 years or older.
- Verifiable income.
- Not delinquent on any Eaton Family Credit Union loans.
- Not negative in any Eaton Family Credit Union share account.
- Not in the process of filing for bankruptcy under any chapter of the bankruptcy code.

LOAN APPLICATION SIGNATURES - PLEASE READ BEFORE SIGNING: All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions the credit or loan agreement and security agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.) The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Your signature below gives us permission to request information from any credit reporting agency we deem necessary to grant credit. Please attach current pay stub.

X

Applicant's Signature	Date
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* Subject to credit approval and based on each member's individual credit quality. Primary account holders only, no joint account holders.