

HCCU
TRAVEL LOAN APPLICATION

\$25.00 APPLICATION FEE WILL BE REQUIRED WHEN REQUEST IS RECEIVED

DATE _____

ACCOUNT # _____

NAME (First, Initial, Last)

Social Security #

Current Street Address

Date of Birth

City, State, Zip

Current Employer

Home Phone Number

Work Phone Number

X _____

Date _____

Applicant Signature

NOTICE: Effective February 1, 2011, HCCU will no longer receive travel checks directly from the travel department. You will be responsible for paying this loan in full by the due date.

If your loan is not paid in full by the due date, you authorize HCCU to draft the unpaid balance from your next pay check. This draft will include unpaid principal, interest and late fees as agreed to in your loan contract.

If you would like to fax your application you may. Please complete this form and send it and a copy of your travel request to 706-434-1625 Attention: Loan Dept. The \$25.00 fee will be deducted from your savings account. Please sign at bottom for the fee deduction.

Withdrawal Authorization:

Signature X _____