

**FEDERAL EMPLOYEES BENEFITS ASSOCIATION
OF THE UNITED STATES, INC. (FEBA)**

P.O. BOX 822067
South Florida, FL. 33082-2067

(954) 435-1374
(800) 526-2589

SMALL LOAN APPLICATION

INSTRUCTIONS

1. All applicants must complete "Current Member Information."
2. Complete financial information on top of page 2.
3. Complete Allotment Authorization form.
4. Sign at all (5) places indicated by "X."

Incomplete or incorrect applications will be returned for correction

CURRENT MEMBER INFORMATION

DATE _____

FULL NAME _____

HM PH() _____ WK() _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

SS# _____ DATE OF BIRTH _____

EMPLOYER _____ OCCUPATION _____ BRANCH _____

SUPERVISOR'S NAME _____ PH() _____

PERSONNEL OFFICE MAILING ADDRESS _____

DATE OF EMPLOYMENT _____ SALARY _____ BI-WKLY, MO, YR

TOTAL HSEHOLD INCOME _____ SOURCE OF OTHER INCOME _____

STATUS: PERMANENT; TEMPORARY; CASUAL; (Circle Employment Status)

SMALL LOANS MAY REQUIRE 20 WORKING DAYS TO PROCESS

Applications are processed as quickly as possible in the order received

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AUTHORIZATION: I authorize any employer, consumer reporting agency, financial institution or government agency to disclose to FEBA OF THE UNITED STATES, INC. all information and records with respect to myself relating to employment status and financial information relevant to any provisions set forth by my membership with FEBA OF THE UNITED STATES, INC.

SIGNATURE (X) _____ DATE _____

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FINANCIAL INFORMATION

PRINT YOUR NAME AS ON BANK RECORDS _____

NAME & ADDRESS OF BANK _____

CHECKING ACCT NO _____ AVG BAL _____

SAVINGS ACCT NO _____ AVG BAL _____

INVESTMENTS (stocks, mutual funds, etc.) optional _____

PRINCIPAL RESIDENCE (mkt value) _____

CREDITORS:

MTG CO. NAME, ADDRESS & PH NO LOAN AMT AMT OF PMT

(HOME MTG) _____

TYPE OF CREDIT CARD & PH NO AMT OWED MO AMT OF PMT

(CREDIT CARDS) _____



REPRESENTATIONS AND AGREEMENT: The statements and representations given on this application are true, complete and correctly recorded to the best of my knowledge. I understand that gross misrepresentations will constitute cause for denial of this loan and or termination of my membership.

BORROWER (X) _____ DATE _____

THE PRINCIPAL AMOUNT OF THE SMALL LOAN APPLIED FOR IS \$ _____ AT _____% ANNUAL INTEREST RATE PLUS AN APPLICATION FEE OF \$ _____. I UNDERSTAND THE AMOUNT I WILL HAVE PAID AFTER (7) LOAN PAYMENTS OF \$ _____ EACH, AS SCHEDULED (BI-WKLY) WILL BE \$ _____. THE FIRST PAYMENT IS DUE ON THE BORROWER'S NEXT SCHEDULED PAYDAY FOLLOWING THE LOAN DISBURSEMENT DATE. I UNDERSTAND THAT MY TOTAL ALLOTMENT AMOUNT WILL BE \$ _____ WHICH INCLUDES AN INCREASE FOR THE ABOVE LOAN PAYMENT PLUS MY MEMBERSHIP DUES AND ANY OTHER AMOUNTS TO WHICH I HAVE PREVIOUSLY AGREED. I THE BORROWER AND/OR CO-BORROWER, PROMISE TO PAY FEBA OF THE UNITED STATES, INC. THE TOTAL LOAN AMOUNT AS STATED ABOVE AND I AGREE TO MAKE SUCH PAYMENTS AS SCHEDULED ABOVE.

BORROWER (X) _____ DATE _____

CO-BORROWER (X) _____ DATE _____