KEMBA DELTA FEDERAL CREDIT UNION

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PHONE: (901) 795-9055 FAX: (901) 795-9063
TOLL FREE: 1-888-725-3622 www.kembadelta.org

Loan Request Form

Loan Type

☐ Signature ☐ Car ☐ Emergency ☐ Share/CD Secured

Amount Requested

$_____

Primary Borrower Information

(Please Provide Your Most Recent Check Stub)

Member Name: _____ **Member #:** _____
Street Address: _____ **SSN/TIN:** _____
City/State/Zip: _____ **Driver's Lic. #:** _____
Email: _____ **Date of Birth:** _____
Cell Phone: _____ **Reference Name:** _____
Work/Home #: _____ **Reference Phone:** _____
Employer: _____ **Reference Name:** _____
Job Title: _____ **Reference Phone:** _____
Hire Date: _____ **Rent/Mortgage : $** _____
Hourly Rate: $ _____ **Salary: $** _____

Primary Signature: _____ **Date:** _____

Co-signer Information

(Please Provide Your Most Recent Check Stub)

Co-signer Name: _____ **SSN/TIN:** _____
Street Address: _____ **Driver's Lic. #:** _____
City/State/Zip: _____ **Date of Birth:** _____
Home Phone: _____ **Employer:** _____
Work Phone: _____ **Job Title:** _____
Cell Phone: _____ **Hire Date:** _____
Hourly Rate: $ _____ **Salary: $** _____

Co-signer Signature: _____ **Date:** _____

Auto Refinance Info

Year: **Make:**

Model: **Mileage:**

Vin # : **10 Day Payoff: $**