



# \$500 Emergency Loan



Name:

Current Address:

Email Address:

Acct. Number or SSN:  Phone Number:

Preferred method of contact: Phone  Email  Mail

Employer:  Employment Date:

Annual Gross Income:  Please place loan proceeds in the following account: Savings:  Checking:

To qualify for Metro's \$500 Emergency Loan, all applicants must meet the following requirements:

1. Three months current job time
2. Direct Deposit with Metro Credit Union. Minimum of \$350.00 per month.
3. No active bankruptcies
4. No Workout loan(s) with Metro Credit Union
5. No current delinquencies on Metro Credit Union loans

Other credit options may exist. Please contact the credit union at 402.551.3052 for more information.

By signing below, I (we) acknowledge that the disclosures on this application have been provided and read.

Signature, Primary Borrower:

Co-Borrower Signature (if applicable):

**\$25 application fee will be deducted from selected account, which may create a negative balance if sufficient funds are not available.**

**Please allow three to five days to process once we receive.**

## \$500 Emergency Loan Truth-in-lending Disclosure/Agreement

### ANNUAL PERCENTAGE RATE

The cost of your credit as a yearly rate

**18.00%**

### FINANCE CHARGE

The dollar amount the credit will cost you

**\$23.85**

### Amount Financed

The amount of credit provided to you on your behalf

**\$500.00**

### Total of Payments

The amount you will have paid after you have made all payments as scheduled

**\$523.85**

### Your Payment Schedule Will Be:

Number of payments	Amount of payments
<b>5</b>	<b>\$100.00*</b>
<b>1</b>	<b>\$23.85*</b>

### Late Charge

All loans more than 5 days past due will be assessed a late payment fee of \$25.00.

Any late fees incurred will be added to the minimum monthly loan payment.

### Application Fee

**\$25.00**

Charged on all applications regardless of approval status.

Security Interest: Collateral securing other loans with the Credit Union may also secure this loan. You are giving a security interest in your shares and dividends, if any, your deposits and interest in the Credit Union. You acknowledge and agree that your pledge does not apply to any periods that you are a covered borrower under the Military Lending Act.

Prepayment: There is no pre-payment penalty.

\*Payments are due monthly beginning no more than 60 days after loan date. Final payment may slightly vary based on number of days between first payment and loan date.

## \$500 Emergency Loan

Metro Credit Union's \$500.00 Emergency Loan has an annual interest rate of 18.00% with minimum monthly payments of \$100.00 (paid through automatic transfers that coincide with your Direct Deposit) and an approximate term of six (6) months. To qualify, members must have at least three (3) months job time with their current employer and an account in good standing. Members are required to utilize Direct Deposit (minimum \$350 per month) to have their payroll deposited into a Metro Credit Union account. Members that are in a Chapter 7 or 13 bankruptcy or have a Workout Loan do not qualify for this Emergency Loan offer. There is a \$25.00 application fee on all Emergency Loans. Some restrictions may apply.

This statement is being submitted to obtain credit and I/We certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of this loan agreement. Acceptance of the loan proceeds indicates acceptance of the loan agreement. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended. One Emergency Loan per member. Expiration date: 5/31/20

### MILITARY LENDING ACT DISCLOSURE

Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: the costs associated with credit insurance premiums, fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). Please call us at 1 (844)213-7179 to receive disclosures orally.

**Return your completed and signed form to Metro Credit Union via email: [eloanskip@metrofcu.org](mailto:eloanskip@metrofcu.org) or by FAX: 402.554.7103.**

#### Office Use Only

Payroll Frequency	<input type="text"/>	Amount	<input type="text"/>
Payroll Suffix	<input type="text"/>	Start Date	<input type="text"/>
Account	<input type="text"/>	Loan Suffix	<input type="text"/>
Application Date	<input type="text"/>	Date Processed	<input type="text"/>
		Processor's Initials	<input type="text"/>



# Skip A Loan Payment

To provide assistance to members experiencing financial hardship resulting from the response to the Coronavirus, Metro Credit Union is offering two short-term financial relief programs. Members may participate in our Skip a Loan Payment program, our Emergency Loan Program, or both. To participate, simply complete the appropriate form(s) and return to the Credit Union by email or fax.

Name:

Current Address:

Email Address:

Acct. Number:  or SSN:  Phone Number:

Preferred method of contact: Phone  Email  Mail

**Skip 90 days on one or more loan payments.**

**Mortgage loans & Home Equity lines of credit, VISA cards and workout loans are not eligible.**

I would like to skip the following loan payments for 90 days (check all that apply):

Auto:  Signature/Bill Consolidation:  LOC:

\$25.00 Processing Fee per skip: must be paid via transfer from Savings  or Checking  or by enclosing a check  with this application. Please indicate preference. This action **WAIVED** will create a negative balance if sufficient funds are not available.

By signing this Loan Payment Skip Application, I acknowledge that interest will continue to accrue on my loan(s) and that the term of loan(s) will be extended by one or more additional month(s). If I elected the optional Debt Protection & Credit Disability Insurance, I understand that the monthly premium for this coverage will be added to the principal balance. To qualify, I understand that my accounts must be in good standing. Loans over 30-days past due are not eligible. All new loans require one monthly payment. Mortgage, Home Equity & Workout loans are not eligible. If applicable, you will be responsible for stopping and restarting recurring payments set up in online banking. Metro Credit Union does not have access to modify online banking payments. Offer expires: 5/31/20

**Please note:** Taking advantage of a skip pay program may reduce any claim payment made by the provider, under any valid GAP policy in effect on your account. Please refer to your GAP insurance contract for further details and how this may affect your rights under the policy.

Signature, Primary Borrower:

Co-Borrower Signature (if applicable):

**Return your completed and signed form to Metro Credit Union via email: [eloanskip@metrofcu.org](mailto:eloanskip@metrofcu.org) or by FAX: 402.554.7103.**

Office Use Only

Payroll Frequency	<input type="text"/>	Amount	<input type="text"/>
Stop Date	<input type="text"/>	Payroll Suffix	<input type="text"/>
Start Date	<input type="text"/>	Loan Suffix	<input type="text"/>
Application Date	<input type="text"/>	Date Processed	<input type="text"/>

