## SHAMROCK FOODS FEDERAL CREDIT UNION

### **Payroll Extender Program Application**

# Minimum Requirements:

- ➤ All member's accounts must be in good standing with the Credit Union.
- Must be employed for a minimum of 6 months with current employer.
- Must provide current verification of employment. If employer will not verify employment by phone, it is the obligation of the Member to provide us with written verification of employment.
- ➤ Members must have an established account with direct deposit from payroll, or other type of recurring deposit for repayment of loan unless Direct Deposit is not available.
- > It's the member's responsibility to have loans paid in a timely manner as Delinquency could cause failure to qualify for future P.E.P loans.
- ➤ A \$35 *non-refundable* application fee, collected at time of application. Fee will be charged regardless of underwriting decision. The non-refundable fee must be on deposit, or paid, before processing online applications.

#### **Additional Details:**

- \* Up to 3 months to repay. \* No Credit Checks. \*A maximum of 4 PEP Loans per year.
- \* Loan amounts vary between \$250.00 -\$500.00 depending on length of employment.
- \* Any PEP loan must be paid in full before the Member can apply for another.
- \* Loans will be processed in order received. Availability time frames may vary depending on current loans pending.
- \* Please be sure to list <u>current phone number</u> for completed loan notification.
- \* Member may have Courtesy Pay services with a PEP Loan if account's in good standing & No Courtesy Pay abuse.

# \*\*\*\* Fax number 602-477-6758 \*\*\*\*

** Ap <sub>l</sub>	proval is not guarantee	ed or implied**					
Name:	Account #:		Amt.	\$			
Purpose (other than personal):							
Street Address:							
City:	State	•	Zip:	·			
Home Phone:	S/S	#:					
Cell Phone:	Driver's Lic. #	/State:					
Current Employer:							
Date Employed:	Employer Phone:						
Supervisor's name and phone #:							
Payroll Method (check one): Weekly_	Bi-Weekly_	Semi–Mor	nthly	_ Monthly			
Reference Name:			_				
Street Address:							
City:							
Phone #:							
Reference Name:		Relationshi	p:				
Street Address:		Apt. #	#:				
City:	_ State:	Zip: _					
Phone #:		•					
I agree to pay Shamrock Foods Federa		\$35 <i>non-refur</i>	<i>dable</i> app	olication fee.			
Signature:	D	ate:					
INTERNAL USE ONLY							
Recvd By: Date:	How:	Tiı	me:	Fee Paid:			

Verified by:		Start date:	Pmt Freq:	
Supervisor:	<del></del>	Title:		
Minutes:	Pep Loan #	# For Year	Payroll Set Up:	
Revised 8-1-2014				