

**Dillard's Federal Credit Union
Loan Request Form**

Member # _____ Name: _____

Contact Info: _____

Amt Requested: _____ Purpose: _____

Rent or Mtg Pmt: _____ Auto Description: _____

GAP or Warranty Coverage for Autos Y / N

Single Credit Life Y / N

Joint Credit Life Y / N

Credit Disability Y / N

Applicant:

Gross Monthly _____ Employer _____ Hire Date _____

Co-Applicant:

Gross Monthly _____ Employer _____ Hire Date _____

Other Income: Amount: _____ Source _____

Payment Method/Frequency

- Payroll
- Weekly
- Bi-weekly
- Monthly
- Coupons
- ACH

MSR: _____ Date: _____ Time: _____

Loan Processor: _____ Date: _____ Time mbr called: _____