

California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 9513 Glendale, CA 91206

Phone (818) 246 - 7241 Email: operations@cafcu.net Website: www.cafcu.net

LOAN ADVANCE REQUEST

| Full Name: | | | |
|---------------------------|----------------|---|-------------------|
| Last | F | irst | M.I. |
| Address: Street Address | ; | | Apartment/Unit #: |
| City | Š | State | Zip Code |
| Account Number: | | Last 4 digits of SSN: | |
| | Type of Tr | ansaction — | |
| | ☐ Cash Advance | Line of Cedit | |
| | * \$30 FEE PER | * 2% FEE OF | |
| | TRANSACTION * | TOTAL AMOUNT * | |
| Transfer Funds To: | | | |
| , , , | 0 0 | erms of my request as indicible ill be assessed to my accou | |
| Member's Signature: | | | Date: |
| • • • • • • • • • • • • • | (for | CU Use Only) | ••••••• |
| Processed By: | | Date O | rdered: |