

HCCU
MCG TRAVEL LOAN APPLICATION

\$10.00 APPLICATION FEE WILL BE REQUIRED WHEN REQUEST IS RECEIVED

This application is for MCG employees only that have been approved by the MCG Travel Department. Please contact any of our branches for more information on other HCCU loans and products.

DATE _____

ACCOUNT # _____

NAME (First, Initial, Last) _____

Social Security # _____

Current Street Address _____

Date of Birth _____

City, State, Zip _____

MCG Department _____

Home Phone Number _____

MCG Phone Number _____

X _____

Date _____

Applicant Signature

NOTICE: When your check is received from the travel department, it will be applied to your travel loan and any excess funds will be deposited into your savings account. You will be notified and be held responsible for any balance due. The entire loan balance plus interest will be due 30 days from the return date of trip.

If your loan is not paid in full by the due date, you authorize HCCU to draft the unpaid balance from your next three pay checks.

If you would like to fax your application you may. Please complete this form and send it and a copy of your travel request to 706-434-1690 Attention: Loan Dept. The \$10.00 fee will be deducted from your savings account. Please sign at bottom for the fee deduction.

Withdrawal Authorization:

Signature X _____