

# HANGOVER THE LOAN

**NO CREDIT CHECK LOAN • UP TO \$2000\*\* FOR QUALIFYING MEMBERS • UP TO 15 MONTHS REPAYMENT TERM**

## REQUIREMENTS

Applicant must be a member for at least 90 days and employed for a minimum of 12 months. Must already be on Payroll Deduction or Direct Deposit for at least 90 days. Must have state issued picture ID and a current Pay stub. Cannot have a negative balance at ABD or previously cause ABD a loss.

First Time Borrowers-Up to \$750 and Experienced (prior) Borrowers-Up to \$2,000. Apply at one of our branches by completing this form and a loan application. Submit your current pay stub and the \$30 loan processing fee. The deadline to apply is Friday, July 23, 2021.

*Promotions/offers are limited time only. For more information, check with the credit union.*

## MEMBER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Plant Location: \_\_\_\_\_

## LOAN INFORMATION

### First Time Borrowers

- Up to \$750
- 10 Month Term
- 18% Rate
- \$30 Application Fee

### Experienced (prior) Borrowers

- Up to \$2000
- 15 Month Term
- 18% Rate
- \$30 Application Fee

### Please deduct the processing fee from my:

Savings Account: \_\_\_\_\_  Checking Account: \_\_\_\_\_  
 Other Account (Please specify account type) \_\_\_\_\_  
 I have enclosed a cash payment of \$30

By signing below, I understand that a non-refundable \$30 loan processing fee for the purpose of the Hangover Loan will be deducted from my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY

Valid ID  Valid Address on File  Hangover Form  Loan Application  Current Pay Stub

Teller: \_\_\_\_\_ Loan Officer: \_\_\_\_\_  Approved  Denied

**Main Office**  
27850 Mound Road  
Warren, MI 48092  
Phone: 586-751-4400  
Fax: 586-751-4407

**Detroit Office**  
2222 Conner  
Detroit, MI 48215  
Phone: 313-822-1034  
Fax: 313-822-1968

**Illinois Office**  
892 Belvidere Road  
Belvidere, IL 61008  
Phone: 815-544-6437  
Fax: 815-544-6438



Fax (586) 751-4407

**ABD FEDERAL CREDIT UNION**  
27850 Mound Road • Warren, Michigan 48092

**APPLICATION FOR LOAN**

ABD Account Number
Date of Birth

**Reason for Loan:**

**Amount**

\$ \_\_\_\_\_

I wish to repay this loan in \_\_\_\_\_  
monthly installments of \$ \_\_\_\_\_  
Due on the 30th of each month by cash  
or payroll deduction starting \_\_\_\_\_

Do You Want Credit Life Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do You Want Credit Disability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Name		Social Security Number		Name (Joint Borrower, Co-Maker)		Social Security Number													
Present Address (Street)		No. Years		Present Address (Street)		No. Years													
City, State, Zip				City, State, Zip															
Previous Address (Complete if Previous Address Less Than 3 years)				Previous Address (Complete if Previous Address Less Than 3 years)															
HOMEOWNERS Please complete Purchase Price		Balance Owed		Est. Value		HOMEOWNERS Please complete Purchase Price		Balance Owed		Est. Value									
Home Phone Number			Birth date			Home Phone Number			Birth date										
Cell Phone Number			Email			Cell Phone Number			Email										
Employers Name / Division / Title				Employers Address or Plant Number				Employers Name / Division / Title				Employers Address or Plant Number							
Employers Phone Number			Position			Employers Phone Number			Position										
Pay Frequency (Very Important) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly		Gross		Hourly Rate		Seniority Date		Pay Frequency (Very Important) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly		Gross		Hourly Rate		Seniority Date					
Previous Employment (Complete if above less than 3 years)				Years Employed				Previous Employment (Complete if above less than 3 years)				Years Employed							
Other Income				Source				Other Income				Source							
Automobile		Year		Make		Model		Bal. Owed		Automobile		Year		Make		Model		Bal. Owed	
Drivers License Number				Drivers License Number															

\*NOTE: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.

BANK (NAME)	TYPE OF ACCOUNT	INTEREST RATE
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**CREDIT INFORMATION, OUTSTANDING DEBTS**

LIST ALL DEBTS i.e. CAR LOANS, BANK LOANS, FINANCE COMPANIES, CREDIT UNIONS, DEPT. STORES, CREDIT CARD ACCOUNTS.

Names of Creditors	Interest Rate	Collateral if Secured Loan	Balance Owed	Monthly Payments	Amount Past Due
1. MTG / RENT					
2. AUTO PAYMENT					
3. ABD FCU					
4. ABD VISA					

Name of Nearest Relative Not Living With You	Address (City, State, Zip)	Relationship
Complete the following only if you reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin); or if another person will be jointly liable on the account. <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		
This statement is submitted to obtain credit and I (we) certify that all information herein is true and complete. I (we) also authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my (our) credit standing. In the event my (our) request is approved and issued, I (we) agree to read and comply with the terms of the agreement which will be furnished to me (us).		
APPLICANT SIGNATURE X	DATE	CO-APPLICANT'S SIGNATURE X
		DATE