

LOAN AGREEMENT

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Flamesavers CU Ltd,
The Fire Station,
Lower Bethesda Street,
Hanley, Stoke-on-Trent, Staffs.
ST1 3RP

Tel: 01785 898907
Email: office@flamesavers.co.uk
www.flamesavers.co.uk
Reg.No. 338C. Established 1993



I _____

Membership No: [] [] [] [] []

Residing at: _____

Postcode: [] [] [] [] [] [] [] []

hereby agree to receive from Flamesavers Credit Union Ltd, of Lower Bethesda St, Hanley Stoke on Trent, the sum of £ _____

FOR CREDIT UNION OFFICE STAFF ONLY TO COMPLETE

Giving a total loan balance of £ _____

We undertake to pay the said Credit Union that said sum along with

interest at a variable rate not exceeding 12.68% APR, which will be repaid by us in equal monthly instalments of £ _____

CONSENT

I HEREBY CONSENT TO REGISTRATION OF THIS LOAN AGREEMENT FOR PRESERVATION AND EXECUTION AND WE AGREE THAT THIS APPLICATION SIGNED BY AN OFFICIAL OF THE CREDIT UNION DULY AUTHORISED FOR THAT PURPOSE SHALL BE SUFFICIENT TO ASCERTAIN AND CONSTITUTE CONCLUSIVELY THE AMOUNT DUE BY US TO THE CREDIT UNION AT THE DATE OF THE CERTIFICATE. THIS MEANS THE CREDIT UNION MAY TAKE ACTION IMMEDIATELY A LOAN GOES INTO ARREARS.

I agree that in default in any of the said monthly instalments, the entire balance of the loan with all interest accrued thereon, shall immediately become due and payable at the option of the Credit Union. I hereby also agree that interest will continue to accrue on the sum due at the date of my default at a variable rate not exceeding 2% per month until final payment. I further agree that in the event of default I shall be liable for all costs of collection and expenses including costs to any third party agency and all shares and payments on the account of shares which we may have in Flamesavers Credit Union, shall be applied to payment of the said loan, interest, costs and expenses.

I (Name) _____ HEREBY AUTHORISE MY EMPLOYERS IN THE EVENT OF MY EMPLOMENT TERMINATING FOR ANY REASON TO MAKE PAYMENT OF ALL SUMS DUE TO THE SAID CREDIT UNION, PRIOR TO MAKING ANY PAYMENT DUE TO ME. **I UNDERTAKE TO ADVISE THE CREDIT UNION IMMEDIATELY IF MY EMPLOMENT IS TERMINATED TO DISCUSS CONTINUATION OF ANY PAYMENTS STILL DUE TO BE MADE.**

I (Name) _____ am am not in good health and fit to follow my normal occupation.

I FULLY AGREE TO ALL THE ABOVE AND DECLARE THAT ALL INFORMATION PROVIDED IS TRUE AND ACCURATE.

Signature: _____

Dated: _____ / _____ / _____

THE ABOVE SIGNATURE MUST BE WITNESSED ▶▶▶▶▶▶▶▶▶▶

Signature of CU official: _____

Print name: _____ A.Fisher _____ L.Downs _____ A.Bell _____

Cheque No. or Transfer Made: _____

Dated: _____ / _____ / _____

Witness Signature: _____

Please Print: _____

Witness Address: _____

Postcode: _____

