



HOME EQUITY ADVANCE VOUCHER

1 MEMBER INFORMATION

DATE	MEMBER ACCOUNT NUMBER		
HOME TELEPHONE NUMBER			
MEMBER NAME	(LAST)	(FIRST)	(INITIAL)
ADDRESS		AMOUNT REQUESTED	
		\$	
CITY	STATE	ZIP	DATE WANTED
CHECK BOX IF NEW ADDRESS OR PHONE NO. <input type="checkbox"/>			PURPOSE OF THIS ADVANCE

2 CHANGES SINCE LAST ADVANCE

LIST ALL NEW DEBTS AND LIENS AGAINST THE PROPERTY. ATTACH ADDITIONAL SHEET IF NECESSARY

	PRESENT BALANCE	MONTHLY PAYMENT

MARITAL STATUS	<input type="checkbox"/> UNMARRIED (SINGLE, WIDOWED, DIVORCED)	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	ARE YOU WORKING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YOU HAVE CHANGED EMPLOYERS, LIST NAME AND ADDRESS			NEW POSITION	DATE HIRED	MONTHLY SALARY	NET
					\$	GROSS
NOTICE: YOU DON'T HAVE TO INCLUDE INCOME FROM CHILD SUPPORT, SEPARATE MAINTENANCE, OR ALIMONY UNLESS YOU WANT THE CREDIT UNION TO CONSIDER IT.				SOURCE OF OTHER INCOME	OTHER MONTHLY INCOME	\$

3 PAYMENT TERMS

DAILY PERIODIC RATE	ANNUAL PERCENTAGE RATE	PAYOFF PERIOD FOR NEW BALANCE		LINE OF CREDIT LIMIT
	%			\$
AMOUNT APPROVED	OTHER CHARGES	AMOUNT ADVANCED	PREVIOUS BALANCE	NEW BALANCE <small>MINUS</small>
\$	+	=	+	=
OLD PAYMENT	OLD PAYMENT DUE	NEW PAYMENT	NEW PAYMENT DUE	PAYMENT FREQUENCY
\$		\$		REMAINING LIMIT
		\$		\$

4 SIGNATURE SIGN BELOW

By signing below or under the endorsement on the Advance Proceeds check you agree that (1) everything in Section 2 is a complete listing of all your debts and obligations since your last advance and (2) to make payments as disclosed in Section 3. When you signed the LOANLINER® Home Equity Plan Credit Agreement and Truth in Lending Disclosure, you agreed to make payment in the amount and by the due date shown on the voucher received with each payment change. The "PAYMENTS" paragraph explained when the payment could change and how the credit union would calculate the payment. Your payment has been changed for the reason checked below:

<input type="checkbox"/> NEW ADVANCE	<input type="checkbox"/> CHANGE IN ANNUAL PERCENTAGE RATE		
SIGNATURE	DATE	SIGNATURE	DATE
X	(SEAL)	X	(SEAL)

5 FOR CREDIT UNION USE ONLY

REQUESTED:	TRANSACTION:	REPAYMENT THROUGH:	MEMBER PAYS PREMIUM FOR:
<input type="checkbox"/> BY MAIL	<input type="checkbox"/> SHARE DRAFT OR CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> CD
<input type="checkbox"/> BY PHONE	<input type="checkbox"/> FIRST ADVANCE SUBSEQUENT ADVANCE	<input type="checkbox"/> CASH	<input type="checkbox"/> HFP
	<input type="checkbox"/> PAYMENT RECALCULATION	<input type="checkbox"/> AUTOMATIC PAYMENT MILITARY ALLOTMENT	<input type="checkbox"/> SCL
CHECK NUMBER	DEPOSIT ACCT. NUMBER	PROCESSED BY	<input type="checkbox"/> JCL
			<input type="checkbox"/> MP