



Superior Savings

CREDIT UNION

Mini Loan Application

Complete this loan application and return it in person
or fax it to us at 330-833-2159

Applicant

Credit Union Member Number _____

Amount Requested \$ _____ Term _____

Name _____

Address _____

City, State, Zip _____

Date of Birth _____ SSN _____

Home Phone _____

E-Mail Address _____

Employer/Position _____

Date of Hire _____

Salary \$ _____ Other Income \$ _____

Monthly Rent Mortgage \$ _____

Co-Applicant

Name _____

Address _____

City, State, Zip _____

Date of Birth _____ SSN _____

Home Phone _____

Employer/Position _____

Date of Hire _____

Salary \$ _____ Other Income \$ _____

By signing below, I authorize Superior Savings CU to review my credit history including the verification of information on this form. I also understand that you may contact me for more information, and that this application must be completed fully for the credit union to process my request.

Borrower Signature _____

Co-Borrower Signature _____

Credit Union Use

Date _____

Loan Officer _____

Approved No Yes Amount \$ _____

Rate _____ Term _____

Notes _____
