

ALLEGHENY HEALTH SERVICES EMPLOYEES F.C.U.  
 320 EAST NORTH AVENUE  
 PITTSBURGH, PA 15212  
 PHONE # (412) 359 - 3141  
 FAX # (412) 359 - 3587

**"E-Z" LOAN REQUEST FORM**

[1-1-2023]

\*\* Please submit with copies of your last 2 consecutive paystubs for verification of income and employment.

**\*\* Must be a member of the credit union for at least 60 days before you can apply for an "E-Z" loan. \*\***

**Effective 11-1-22, A member may only have an "EZ" or a "STEP UP" loan and CANNOT have both loans at the same time. If a member has both types of loans, the member is not eligible for a new "EZ" or "STEP UP" loan until both loans are Paid in Full**

DATE:		ACCOUNT NUMBER:		LOAN AMOUNT: \$	
FIRST NAME:		INITIAL:		LAST NAME:	
SOCIAL SECURITY #:		HOME PHONE#:		BIRTHDATE:	
DRIVERS LICENSE #:		MORTGAGE or RENT PAYMENT: \$			
ADDRESS:				SINCE ?:	
CITY:		STATE:		ZIP:	
CURRENT EMPLOYER:			WORK PHONE #:		
JOB TITLE:			GROSS INCOME PER MONTH: \$		
SUPERVISORS NAME:			HIRE DATE:		

**OTHER INCOME: [ If you wish to have it considered for purpose of granting loan]**

PART TIME JOB: \$		/ MONTH	
ARE YOU CURRENTLY IN BANKRUPTCY?		YES [ ]	NO [ ]
HAVE YOU EVER FILED BANKRUPTCY?		YES [ ]	NO [ ]
Date(s) Bankruptcy Filed :			

**By signing the application below, you are acknowledging agreement to the following:**

- You agree that everything stated in this application, whether oral, written, or through a FAX machine, is true and correct to the best of your knowledge.
- You understand that any false or misleading statements in your application may cause any loan to be in default.
- You agree that this application shall be the Credit Union's property whether or not this Credit Application is approved.
- You agree to pay the applicable Application Fee based on the amount applied for.
- You agree to maintain a savings balance amount equal to 10% of the loan amount in your credit union savings account until the "E-Z" loan is paid off.
- You agree to repay the "E-Z" loan via payroll deduction or have ACH debit payment from your checking account.  
**Effective 11-1-22, the original "EZ" loan amount must be at least half of the original amount or lower, before the member can pay it off and re-borrow a new "EZ" loan. If a loan is paid off prior to halfway through the loan term, the member must wait until the expiration date of the original loan before they can take out a new "EZ" loan.**
- You agree to abide by any and all other requirements for "E-Z" loans as stated on the opposite side of this application.
- You may only make one loan at a time and no more than three loans in any rolling six-month period.

Applicant's Signature <b>X</b>	Date
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**CREDIT UNION HOURS: M, T, Th 8am – 4pm, Fri 7am – 4pm (Closed Wednesdays)**  
**WEBSITE: [www.ahsfcu.com](http://www.ahsfcu.com) EMAIL: [credituniongroup@ahn.org](mailto:credituniongroup@ahn.org)**  
**PHONE # (412) 359 – 3141 FAX # (412) 359 – 3587**  
**Located on Ground Floor [01 Level – South Tower] of ALLEGHENY GENERAL HOSPITAL**

**GUIDELINES for "E-Z" LOANS**

The "E-Z" loan program is designed for our members to use as a short term loan as an alternative to payday lending programs.

**Minimum loan amount - \$200; Maximum loan amount \$500** (loan amount has to be one of the listed amounts on the "E-Z" Loan Table below)

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**Payment term depends on amount borrowed** (see table below)

Requirements are as follows:

1. **Must be a member of the credit union for at least 60 days.**
2. Must be a credit union member in good standing.
3. Must be at least 18 years of age.
4. Must complete a loan request form and submit copies of the last 2 (two) consecutive paystubs (showing a gross monthly income of at least \$1,000) to verify income and employment. **NO CREDIT REPORT IS NECESSARY.**
5. Must pay the applicable Application fee based on the amount requested prior to receiving the loan proceeds (see table below) (The Application fee cannot be taken from the loan proceeds)
6. 10% of the requested loan amount must be in your credit union savings account **BEFORE** the loan funds will be issued and the 10% deposit **MUST** remain in the your credit union savings account until the loan is paid off. (The 10% deposit amount cannot be taken from the loan proceeds)
7. A member can only have one (1) "E-Z" loan at a time ( a member cannot request another "E-Z" loan until their existing "E-Z" loan is paid off first.

***Effective 11-1-22, the original "EZ" loan amount must be at least half of the original amount or lower, before the member can pay if off and re-borrow a new "EZ" loan. If a loan is paid off prior to halfway through the loan term, the member must wait until the expiration date of the original loan before they can take out a new "EZ" loan.***

8. Loan payment **MUST** be payroll deducted or automatically debited from the member's checking account.
9. If an "E-Z" loan is not paid off within the required repayment term or becomes delinquent at any time during the repayment term, the member will not be eligible for any future "E-Z" or "STEP UP" loans.
10. 23% Annual Percentage Rate (APR)

**"E-Z" Loan Table:**

<u>LOAN AMOUNT</u>	<u>TERM</u>	<u>BI-WEEKLY PAYMENT</u>	<u>APPLICATION FEE</u>	<u>REQUIRED DEPOSIT AMOUNT</u>	<u>TOTAL NEEDED IN ACCT</u>
\$200.00	2 months (4 Pays)	\$52.00	\$20.00	\$20.00	\$40.00
\$250.00	3 months (6 Pays)	\$43.00	\$20.00	\$25.00	\$45.00
\$300.00	3 months (6 Pays)	\$52.00	\$20.00	\$30.00	\$50.00
\$350.00	3 months (6 Pays)	\$61.00	\$20.00	\$35.00	\$55.00
\$400.00	3 months (6 Pays)	\$69.00	\$20.00	\$40.00	\$60.00
\$450.00	3 months (6 Pays)	\$78.00	\$20.00	\$45.00	\$65.00
\$500.00	3 months (6 Pays)	\$86.00	\$20.00	\$50.00	\$70.00