

EZ – Pay Tuition Loan Application

Apply online: mycvf.org/tuition-loans-st-fabian/

OR Fax to: (734) 432-1240 OR Deliver to Catholic Vantage Financial 36111 Five Mile Rd Livonia, MI 48154

Annual Percentage Rate: 3.75% APR*

Term of Loan: 12 months

You will be contacted when we receive your request. To complete financing you will be asked to sign a loan agreement with Catholic Vantage Financial at one of our offices. Payments will be made to Catholic Vantage Financial. Loan proceeds will be paid to your school on your behalf. If you have any questions, please call us at (734) 432-0212. Please include a copy of your last paycheck stub.

Are you currently a credit union member of Catholic Vantage Financial? Yes No

If yes, account number: Amount to be financed:

ST. FABIAN CATHOLIC SCHOOL TUITION LOAN

I / We are applying for (check one): Individual Credit Joint Credit

PARENT(S) / GUARDIAN(S) APPLYING FOR LOAN

Name (1) _____
First / Middle / Last

Driver's License No. _____

Address _____

City _____ State _____ Zip _____

How long at this address? _____

Email _____ Phone _____

Mother's Maiden Name _____

Social Sec. No. _____ - _____ - _____

Date of Birth _____ Gross Mo. Income _____

Monthly Rent / Mortgage Payment _____

Employer _____

Number of Years at this Job _____

Emp. Address _____

Name (2) _____
First / Middle / Last

Driver's License No. _____

Address _____

City _____ State _____ Zip _____

How long at this address? _____

Email _____ Phone _____

Mother's Maiden Name _____

Social Sec. No. _____ - _____ - _____

Date of Birth _____ Gross Mo. Income _____

Monthly Rent / Mortgage Payment _____

Employer _____

Number of Years at this Job _____

Emp. Address _____

If approved for this loan, I/we understand that I/we will be required to join the credit union by opening a share savings account with a \$5 minimum balance. All of the information contained in this application is accurate to the best of my/our knowledge. I/we authorize Catholic Vantage Financial Federal Credit Union to obtain credit reports to process this application and agree that the Credit Union will rely on the information in the report and this application to make its decision. I/we may request the name and address of any credit bureau that is used to obtain information.

Signature (1) _____

Date _____

Signature (2) _____

Date _____



where *You* matter most

36111 Five Mile Rd Livonia, MI 48154 (734) 432-0212
www.mycvf.org

FOR CREDIT UNION ONLY

Signed By _____ Date _____

Loan Officer / Credit Committee _____ Account # _____

Federally insured by NCUA

Revised: 01/2017