

LOAN APPLICATION

Use this form to apply for any Columbus Metro loan (excluding mortgages).



Directions

1. Please fill out the application as completely as possible.
2. Return your completed application to the credit union.

Applicant Information

Name _____ Metro Account Number _____

Amount Requested _____ Loan Purpose _____

Last 4 Digits of Social Security # _____ Date of Birth _____

Mortgage/Rent Payment _____ Length of Time at Residence _____

Home Phone Number _____ Work Phone Number _____

Employer _____ Position _____

Net Monthly Salary _____ Length of Time at Job _____

Co-Applicant Information

Name _____

Last 4 Digits of Social Security # _____ Date of Birth _____

Home Phone Number _____ Work Phone Number _____

Employer _____ Position _____

Net Monthly Salary _____

Signature _____ Date _____

Signature of Co-Applicant _____ Date _____

Is there anything else you'd like to tell us about your application?

Mailing Address
Columbus Metro FCU
P.O. Box 13240
Columbus, OH 43213-0240

Contact Us
By Phone 614.239.0210 or 800.986.3876
By Fax 614.239.0988
Online www.columbusmetro.org