Thank You for Your Interest in Our No Credit Check Christmas Loan!

Our Christmas loan is for \$1,200 @ 18% interest rate with a \$35 processing fee and the payments are around \$118 for 12 months and are set on automatic transfer from your direct deposit.

Please take an application, fill it out and return to the office, drive thru, by mail (600 19th Ave, Meridian, MS), by fax 601-693-5118, or by email SantaSaysYes@1stms.com

We will be processing the applications in order received and we will be calling to set up an appointment time for you to come back and complete the paperwork and/or email you the final documents.

When you return the application, please attach your proof of income (last two paychecks stubs, your benefit/award letter or bank statements for Retirement, Social Security, VA, and Disability income).

We must have your proof of income.

The following are the requirements for the Christmas Loan:

- You must be an active member for one year
- You must be employed for one year (we will verify) or receiving government funds for one year.
- You must have a positive checking balance (if you are in the negative, we can clear the overdraft out, but you will lose your overdraft privilege)
- You must be current on all other loans with 1st MS
- You cannot have a charge off account with 1st MS
- You must have direct deposit with 1ST MS
- You cannot currently be in bankruptcy and you cannot currently have your wages garnished.

If you have any questions, you may reach the loan department @ 601-693-6873 option 4. We look forward to helping you!

ACCOUNT NUMBER					
NAME	D.O.B				
ADDRESS					
HOW LONG HAVE YOU	BEEN AT YOUR CURRENT ADI	DRESS			
IF LESS THAN TWO YEA	ARS, PLEASE PROVIDE PREVIOU	US			
ADDRESS					
DO YOU PAY RENT OR	MORTGAGE?				
IF YES, HOW MUCH DO	YOU PAY MONTHLY?				
PHONE NUMBER					
EMAIL ADDRESS					
EMPLOYMENT	PHONE #				
START DATE	MONTHLY GROSS INCOME				
ADDITIONAL SOURCE	A	AMOUNT			
PLEASE LIST BELO	OW YOUR CURRENT LOAN DE	BT YOU PAY MONTHLY			
	INANCE COMPANIES, CAR PAYMENT NY OTHER LOANS YOU MAKE MONTH				
COMPANY	ESTIMATED BALANCE	MONTHLY PAYMENT			

COMPANY	ESTIMATED BA	LANCE	MONTHLY PAYMENT
PL	EASE LIST THREE	E REFERENCE	CS BELOW
REFERENCE 1:			
NAME		CIRCI	LE: FRIEND OR FAMILY
PHONE NUMBER		EMPLOYMENT	
REFERENCE 2:			
NAME		CIRCI	LE: FRIEND OR FAMILY
PHONE NUMBER		_ EMPLOYMENT	
REFERENCE 3:			
NAME		CIRCI	LE: FRIEND OR FAMILY
PHONE NUMBER		EMPLOYMI	ENT
PLEASE RET	TURN THIS APPLICA	TION BACK TO ROOF OF INCON ET UP YOUR AP	THE CREDIT UNION IE. POINTMENT TIME.
		cer Use Only:	
Gross Monthly Inc	come: \$	_ DR Before	/After%/

/\$

Total Payments: