



Line of Credit / Loan Application

Credit Union's Full Legal Name: _____

City: _____ State: _____ Charter No.: _____ R/T Number: _____

Telephone Number: _____ Fax Number: _____

Please check the purpose for the request:

- To back up settlement transactions
- Asset/liability management
- Liquidity management / contingency needs
- Other (please specify): _____

Please check the credit type or loan requested:

	New	Increase/Modify	Amount
<input type="checkbox"/> Standard Line of Credit	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Performance Line of Credit*	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Advantage Line of Credit	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Letter of Credit	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Term Loan*	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other (please specify): _____			

** If a Performance Line of Credit or Term Loan is requested, please list the collateral you wish to pledge in the space provided below.*

Does your credit union have loans or lines of credit established elsewhere? Yes No

If yes, please complete the following:

Institution	Amount Established	Collateral Type	Collateral Amount

Has your credit union's name changed in the last five years? Yes No

If yes, what was your credit union's previous name? _____

By entering your name into the box designated "Authorized Representative" below and submitting this Line of Credit/Loan Application to Catalyst, you acknowledge and agree that such use of your personal name is, for all legal purposes, equivalent to having affixed your manual signature to a hard copy of this Line of Credit/Loan Application.

As an authorized representative of the credit union listed above, I hereby apply for a Line of Credit, Term Loan, or Letter of Credit as noted above.

Authorized Representative Title Date

Email Address

SUBMIT FORM