

REVOLVING CREDIT REQUEST VOUCHER

ACCOUNT NUMBER	DATE
CREDIT UNION USE ONLY	NEW MONEY
	\$
	OLD BALANCE
	\$
NEW BALANCE	
\$	
MINIMUM REQUIRED PAYMENTS FIRST PAYMENT	
\$	
DUE / /	
SUBSEQUENT PAYMENTS (IF DIFFERENT)	
\$	
STARTING SAME DATE OF FOLLOWING MONTH	

**MEMBER FILL IN
WHITE AREAS ONLY**

CREDIT UNION

\$	
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I HEREBY REQUEST THE SUM OF _____ TO BE ADDED TO MY PRESENT BALANCE, (IF ANY), SUBJECT TO THE TERMS AND CONDITIONS OF MY REVOLVING CREDIT CONTRACT.



SECURITY (IF ANY)	PLEGGED SHARES AND/OR \$
	DEPOSITS
	OTHER

PHONE REQUEST

CREDIT UNION VERIFICATION

Item No. 2054
MICH-549-031111
To reorder, call
CU Solutions Group at 800.262.6286

SIGNATURE
X

ADDRESS (IF MAILED)

BLUE-CREDIT UNION COPY YELLOW-MEMBER COPY