



**CICSA Co-operative  
Credit Union Ltd.**

# OVERDRAFT XPRESS TOP UP APPLICATION

DATE OF TRANSACTION

MEMBER NAME

MEMBER NO.

EMPLOYER

DATE OF BIRTH

CELLPHONE NO.

EMPLOYER PHONE NO.

REQUIRED PHOTO ID ☐ DRIVER'S LICENSE ☐ PASSPORT ☐ VOTER'S CARD

## CO-APPLICANT INFORMATION

CO-APPLICANT NAME

CO-APPLICANT MEMBER NO.

CO-APPLICANT PHONE NO.

CO-APPLICANT EMPLOYER PHONE NO.

## LOAN REQUEST (MINIMUM TOP-UP OF \$700)

AMOUNT REQUESTED

PURPOSE OF LOAN

I hereby apply for an increase in my Overdraft Xpress loan to \$  for a period of  months to be repaid in  monthly payments of \$  including interest commencing , 20 .

## ACCOUNT ACTIVATION

☐ OPEN SAVING SUB  ☐ ACTIVATE SAVING SUB

## TERMS & CONDITIONS

I hereby agree to comply with all the terms, condition, rules and regulations of The CICSA Co-op Credit Union Ltd now in force or which may hereafter be adopted. I acknowledge that all terms and conditions of my Overdraft Xpress Loan Agreement remain in effect. You are authorized to check my credit history with any creditor and give information on my credit history with the CICSA Co-op Credit Union Ltd. If the increase is approved, the funds will be deposited to my regular savings account within 3 business days. In case of any default as herein agreed, unless excused by Board of Directors, the entire balance of this loan shall become immediately due and payable on demand. This loan shall also become due and payable when the borrower becomes bankrupt, or leaves the Cayman Islands without giving a least six months' notice or loses his or her membership in the CICSA Co-operative Credit Union Ltd.

I confirm that I have not obtained any other debt/loan since my last application.

By signing this application, I agree to the following terms:

1. All loan payments are due at or before the end of each month.
2. Member(s) who is/are late two (2) or more months within six (6) months before the request for a top-up will not be eligible.
3. I give consent to CICSA CO-OP CREDIT UNION LTD to debit \$25.00 (non-refundable processing fee) from my regular savings or shares account.

SIGNATURE OF APPLICANT

WITNESS

SIGNATURE OF CO-APPLICANT

WITNESS

## INTERNAL USE ONLY

APPROVED OVERDRAFT XPRESS LIMIT

DATE

AUTHORIZED BY