



REVOLVING LINE OF CREDIT ADVANCE REQUEST

Date _____

Name _____ Account # _____

Amount Requested _____

Minimum payment is \$20.00 or \$3.00 per hundred of the total balance at time of advance.

(i.e.: \$3,000.00 balance equals \$90.00 payment)

I request the minimum payment

I request a larger payment of \$ _____ per month

Purpose of Loan _____

Signature _____

Return to:

Blue Water Federal Credit Union

526 Water Street # 113

Port Huron, MI 48060

810-985-6371 Fax: 810-985-4039

kknowles@bluewaterfcu.org

Credit Union Use Only

Date _____ Approved _____ Rejected _____

Loan Officer Signature

Loan Officer Signature

2-15-2022