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Personal Loan Agreement

This loan agreement is made and will be effective on ___/___/___

BETWEEN

_____ hereinafter referred to as the "Borrower" with a street address of

AND

_____ hereinafter referred to as the "Lender" with a street address of

Terms and Conditions:

Promise to Pay:

Within _____ months from today, Borrower promises to pay the Lender _____ dollars (\$_____) and interest as well as other charges allowed below.

Liability:

Although this agreement may be signed below by more than one person, each of the undersigned understands that they are each as individuals responsible and jointly and severally liable for paying back the full amount.

Details of Loan: Agreed Between Borrower and Lender:

Amount of Loan: \$ _____
 Other (Describe) \$ _____
 Amount financed: \$ _____
 Finance charge: \$ _____
 Total of payments: \$ _____
 ANNUAL PERCENTAGE RATE _____ %

Repayment of Loan:

Borrower will pay back in the following manner: Borrower will repay the amount of this note in _____ equal continuous monthly installments of \$ _____ each on the _____ day of each month preliminary on the _____ day of _____, 20____, and ending on _____, 20____.

Prepayment of Loan:

EMPLOYEE ADVANCE AGREEMENT

EMPLOYEE INFORMATION (Complete all fields)

Employee Name: First	Last	Last 4 Digits of Soc. Sec. No.:
Date of Advance:	Client Company Name:	Client No.:

I, _____, request an advance payment of \$ _____ on my wages/salary payable on the payroll date of _____. I understand that I am eligible for no more than two emergency payroll advances per calendar year and that the amount requested shall not exceed 60% of my earnings to date for the current month. If this request is approved, I would like to receive this advance by physical check / direct deposit / other one.

By signing this form, I authorize Employer Flexible to make deductions from my paycheck to repay this advance through either: 1) one payroll deduction to be made from wages/salary payable the first pay period immediately following the pay period from which this advance is made or; 2) from _____ equal deductions from the next _____ pay periods immediately following the pay period from which this advance is made.

I also agree that if I terminate employment prior to total repayment of this advance, I authorize the Employer Flexible to deduct any unpaid advance amount from any wages/salary owed me at the time of termination of employment.

Approved by:

Employee Signature _____	Date _____
Supervisor/Manager _____	Date _____
Human Resources Manager/Director _____	Date _____
Payroll Entry _____	Date _____

Personal Loan Agreement Form

On _____, I, _____ will lend
 _____ a sum of _____ in the form of
 _____ which is to be repaid in full
 by _____. Payments will be made over a period of
 _____, starting on _____ and ending on
 _____. The interest rate is _____ and as a result,
 each monthly payment will be _____. Every monthly payment
 must be made before or on the _____ of every month. Any late
 payments will result in: _____.

(Borrower) _____
 (Date) _____

(Lender) _____
 (Date) _____

(Borrower Signature) _____
 (Lender Signature) _____



Loan Payoff Request Form:

Please fill out form, front & back and mail to address below.

Mail to:
 Metro Credit Union
 Attn: Mortgage Servicing, 200 Revere Beach Parkway P.O. Box 9100, Chelsea, MA 02150-9100

From:		Telephone Number:	
Please prepare a payoff quote according to the following information. I understand that this request must be accompanied by written authorization from the borrower, and that the request and borrower authorization must be complete and accurate in order for me to receive a payoff statement. I understand that the payoff statement will be sent within (7) business days from Metro receipt date.			
Request Date:			
Please Check One:		<input type="checkbox"/> Sale of Property <input type="checkbox"/> Refinance Lender Name:	
Please Complete Contact Information:			
Requestor's Name:			
Law Firm/Settlement Agent:			
Telephone Number:			
Please Check One:			
<input type="checkbox"/> Send by Mail (Mailing Address):			
City, State, Zip:			
<input type="checkbox"/> Send by Fax (Fax Number):		<input type="checkbox"/> Email:	
Please Complete Borrower Information:			
Borrower's Name:			
Property Address:			
City, State, Zip:			
Account Number:			
Payoff Date:		<small>(This date may not be more than 30 days in the future. Please be advised that payoff statements will expire 30 days from the date of request.)</small>	

Statement of Confidentiality

This facsimile contains information, intended only for the person(s) named above, which may also be privileged. Any use, distribution, copying or disclosure by any other person is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original transmission to us by mail without making a copy. Our telephone number and address are indicated below.

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