

# This Summer... SEND YOUR FINANCIAL WORRIES OUT TO SEA



**5.99%** APR\* 12-month term

**6.99%** APR\* 18-month term

**7.99%** APR\* 24-month term

Minimum \$500\*\* • Maximum \$10,000\*\*

Calm the rough financial waters with a Summer Spectacular loan from PA HealthCare! Whether you're looking to paint your home, take your dream vacation, or prepare for back-to-school, these impressive rates and terms will have you floating all the way to the Credit Union.

## Celebrate summer with PA HealthCare Credit Union!

With these spectacular loan rates from PA HealthCare Credit Union, you'll be drifting towards your dreams this summer!

## Loan Application

More information may be required.

Amount Requested: \$ \_\_\_\_\_

APPLICANT'S NAME		GROSS MONTHLY INCOME: \$ _____		<small>*These rates already allow support of your retirement goal and be applied subject to risk and lower borrower's request for credit.</small>	
ADDRESS		HOME PHONE NO. ( ) _____	EMAIL ADDRESS (OPTIONAL)		
ADDRESS		SOCIAL SECURITY NO.	MORTGAGE PAYMENT: \$ _____		
EMPLOYER	JOB TITLE OR OCCUPATION	HOW LONG?	BIRTH DATE	WORK PHONE NO. ( ) _____	
BUSINESS ADDRESS (STREET & NO.)		CITY, STATE, ZIP		WORK PHONE NO.	
PREVIOUS HOME ADDRESS (IF LESS THAN TWO YEARS AT CURRENT ADDRESS)		CITY, STATE, ZIP		HOW LONG? <input type="checkbox"/> 0-12 Months <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3+ Years	
CO-APPLICANT NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO.	BIRTH DATE	MONTHLY EMI OR MORTGAGE PAYMENT: \$ _____	
HOME ADDRESS (STREET AND NO.)		CITY, STATE, ZIP	HOME PHONE NO.	GROSS MONTHLY INCOME: \$ _____	
EMPLOYER	BUSINESS ADDRESS (STREET & NO.)	CITY, STATE, ZIP	HOW LONG?	WORK PHONE NO. ( ) _____	
APPLICANT'S SIGNATURE <input type="checkbox"/> WE INTEND TO APPLY FOR JOINT CREDIT		DATE	CO-APPLICANT'S SIGNATURE <input type="checkbox"/> WE INTEND TO APPLY FOR JOINT CREDIT		DATE

I/We certify everything I/we have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved, and I/we authorize you to share this application with any of your affiliates for the purpose of determining whether I/we might qualify for other products you or these affiliates offer. I/We authorize you to check my/our credit and employment history and to answer questions others may ask you about my/our record with you. I/We understand that I/we want update credit information at your request if my/our financial condition changes.

SVH Branch • (412) 749-7099  
TMC Branch • (724) 773-8300



APPLY ONLINE TODAY!  
[www.PAHealthCareCU.com](http://www.PAHealthCareCU.com)

\*APR = Annual Percentage Rate. Rate includes a 1/4% discount when Payroll Deduction or Automatic Transfer repayment option is chosen. Rates listed are "as low as" rates and your final rate may be higher. Rates are subject to change. Limited time offer. Offer may end without notice. \*\*Qualifying amount based on gross income and credit worthiness and any outstanding, unsecured loan balance.