

3713-C University Drive Durham, NC 27707 Telephone: 1-877-960-6003

Fax: 1-919-942-2804

Loan Request Form

Print Name:	Social Security Number:				
Address:					
City:			_ State: _	Zi	p:
Phone:			E-mail:_		
Employer:					
deducted from you and send back to then either fax the	ur account upon comple us. The ACH Direct D	tion of the loan receposit Authorization	quest. The	loan application for nent is not required.	n is \$150.00. These fees will be rms will be sent to you to complete Fill out the form, print it, sign it, PlanPerfect, Inc., 3713-C
	1	Yes No			
2. Will this lo	an be used to purcha	se your primary	residen	ce? Yes	No
					may request is generally one-amount is \$1,000.00.
	an Requestse your primary residue.	•			e years unless the loan is in term is one year.
5. Frequency	of Payroll: We	ekly Biwe	ekly	Semimonthly	Monthly
6. Next Payro	ll Date:	·			
7. Send the Lo	oan Application to:	My fax num	nber		
		My e-mail a	ddress _		
Participant's S	ignature:			Date	e:



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ACH Direct Deposit Authorization Agreement

- For your security, and to assure an accurate transfer of funds, complete this entire form in a legible manner and attach a voided check where indicated below.
- The routing and account numbers on this form must be identical to the routing and account numbers on your voided check.
- The payer name on the voided check must match the plan participant's name.
- If a voided check is not available, or if the account number or routing number provided on this form is different than on the voided check, include a letter from the bank or financial institution on their letterhead. Have the letter signed by an authorized representative of the bank and indicate the name of the account holder and provide the routing and account numbers to be used by PlanPerfect, Inc. for ACH purposes.

I hereby authorize PlanPerfect, Inc. to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my checking or savings account indicated below and the financial institution named below to credit (or debit) the same to such account.

Financial Institution _		Checking Savings			
Address:					
City:	State:	Zip:			
Routing Number:	Acc	ount Number:			
2	ation in such time and in such manner	PlanPerfect, Inc. has received written as to afford PlanPerfect, Inc. a			
Print Name:	Social Security Number:				
Address:					
City:	State:	Zip:			
Employer:	Phone:	E-mail			
		Date:			
	ATTACH A VOIDED CHECK HERE				