



**VITELCO EMPLOYEES FEDERAL CREDIT UNION**

P. O. BOX 303920

ST. THOMAS, VIRGIN ISLANDS 00803-3920

(340) 776-4500 FAX: (340) 693-0434

E-MAIL: [yefcu@vitelcom.net](mailto:yefcu@vitelcom.net) VEFCU WEBSITE: [www.vitelcocu.com](http://www.vitelcocu.com)

## *Vacation Loan Application*

**Amount Requesting:** \_\_\_\_\_

**Interest:** \_\_\_\_\_

**Monthly Payment:** \_\_\_\_\_

Full Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Street address: \_\_\_\_\_

Years There: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Date of employment: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

**Established Credit:**       Yes       No

**Type of Credit:** Regular Loan  Yes  No - Vacation Loan  Yes  No

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

Date Joined the Credit Union: \_\_\_\_\_

We approved the Vacation Loan application as submitted.

We rejected the Vacation Loan application as submitted.

Specific reason (s) for rejection: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Credit Committee Member – Date

\_\_\_\_\_  
Credit Committee Member – Date

\_\_\_\_\_  
Office Manager - Date

*Revised 03/28/11*

**\*\* To be eligible for this loan, the applicant must be a member of the Credit Union for at least one (1) year. Applicant must have established credit with the Credit Union. Application must be fully completed and submitted along with (2) current pay stubs for approval.**