



Blue Water Federal Credit Union
Revolving Line of Credit Advance Request

Date _____

Name _____ Account # _____

Amount Requested \$ _____
\$50.00 minimum advance

Purpose of Loan _____

Minimum payment is \$3.00 per hundred of the total balance at the time of advance.
(e.g. \$3,000 balance equals \$90.00 payment)

☐ I request to make only the minimum payment

☐ I request a larger payment of \$ _____ per month

Payment Options

☐ Automatic transfer on the _____ day of each month

☐ Savings

☐ Checking

☐ Other: _____

☐ Payroll transfer from my Direct Deposit

Source of Direct Deposit _____

☐ Cash Payment

Return Form To:

Blue Water Federal Credit Union
526 Water St Ste 113
Port Huron, MI 48060
810-985-6371
Fax: 810-985-4039
loans@bluewaterfcu.org

CREDIT UNION USE ONLY

Teller Init. _____ Approved _____ Date _____ x _____ x _____