



TCC Credit Union
TEXAS CATHOLIC COMMUNITY

4312 Town Center Dr. 800-256-0779
Fort Worth, TX 76115
www.txcathcu.com

Tuition Loan Application and Credit Agreement

HOLY ROSARY CATHOLIC SCHOOL Catholic Diocese of Fort Worth

Date: _____

If you are already a TCC CU Member, please write
your account number: _____

Name of Primary CU Member/Borrower: _____

Address: _____ Years at this address: _____
_____ Home Phone #: _____

Cell Phone Number: _____ E-Mail Address: _____

Social Security Number: _____ Date of Birth: _____

Place of Employment: _____ Work Phone #: _____

Student's Name(s): _____ , _____
_____ , _____

Amount of Loan: _____

Your monthly payment will be **approximately** \$104 per \$1000 borrowed. Example: If you borrow \$4,500, multiply \$104 X 4.5 to get a monthly payment of **approximately** \$468. Your Annual Percentage Rate will be 6.50% APR.

Your payment will be debited **on or before** the date shown below and due on the same date each month thereafter, and **will be considered late** if funds are not available on that date.
It is your responsibility to have funds available in the designated account by: July 5, 2012.

You understand the loan you are entering into with TCC Credit Union is guaranteed by the school, and that the status of your loan may be discussed with school administration officials. You agree that the funds issued on this loan are paid directly to the school. As a condition of the loan, the school requires a direct payment (automatic payment) form on file with TCC Credit Union.

* A member whose payment is returned for any reason will be assessed a return payment or NSF charge of \$35.00.

* If funds are not available and/or payment is not received more than 15 days after the due date, a late charge of 5% of the scheduled payment amount will be incurred.

By signing below, you agree to the above statements and agree to comply with the terms and conditions in the LOANLINER Credit Agreement and the repayment terms shown on the Disbursement Voucher and Security Agreement. You acknowledge receipt of a copy of the LOANLINER Credit Agreement. You understand that Credit Disability and Credit Life insurance coverage may be available on your loan on a voluntary basis and at an additional cost which would be added to your loan each month. You may contact the credit union for information on obtaining this coverage.

Parent Signature: _____

School Authorized Signature: _____



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TCC CREDIT UNION

DIRECT PAYMENT/HOLY ROSARY CATHOLIC SCHOOL TUITION LOAN

Date: _____ Circle one: Add Change Cancel

Start Date: July 5 TCC Credit Union may not start debit entries until 15 days after receipt of this application.

Member Name: _____ TCC Account Number: _____

I (we) hereby authorize _____ TCC CREDIT UNION _____ OTHER to initiate debit entries to my (our) account at the depository financial institution named below. I also authorize the financial institution named below to debit the same to such account as authorized by TCC Credit Union on my (our) behalf.

Financial institution name: _____	
Account number to be debited: _____	
Account type to be debited (circle one):	Savings Checking
Financial institution routing/transit number: _____ <small>(Attach a cancelled check from the other financial institution.)</small>	
Total dollar amount to be debited from financial institution: \$ _____	

In the event a payment is missed due to insufficient funds in the account, or for any other reason, a manual payment (check, money order, cashier's check, or cash) must be made on the loan within 5 days of the due date. Considering time restraints, the payment may be mailed, sent via overnight, or paid in person at either TCC CU office.

If you pay your loan off early, you must contact the credit union to have your automatic deductions stopped. Otherwise, as noted below, payments will continue to be drafted from your account but will be deposited into your savings account at TCC CU. This authorization will remain in force until I notify TCC Credit Union in writing of any changes or cancellation of payment. I understand that to make a change, or cancel this transaction, such notice must be received not less than seven (7) days prior to the transaction date.

I understand that in the event the transaction is returned from the financial institution, or the information I provide is incorrect, the transaction will be forfeited and it will be my responsibility to make the transaction. TCC Credit Union retains the right to cancel this service any time. I agree to be bound by the Automated Clearing House (ACH) Operating Rules, and all prearranged transactions are subject to applicable provisions of TCC Credit Union's electronic funds transfer agreement. In the event the account I am crediting at TCC Credit Union is (closed) or (paid off), I authorize TCC Credit Union to place the funds into my TCC Credit Union share account.

Member's signature Date

Member's signature revoking this authorization Date