



1550 EARL CORE RD
 SUITE 100
 MORGANTOWN WV 26505



Open-End Voucher

BORROWER INFORMATION

BORROWER 1 NAME		ACCOUNT NUMBER	AMOUNT REQUESTED/PURPOSE	DATE
ADDRESS			\$	
CITY	STATE	ZIP	HOME TELEPHONE NUMBER	
BORROWER 2 NAME		ACCOUNT NUMBER	CHECK PAYABLE TO:	
ADDRESS (IF DIFFERENT THAN BORROWER 1)			REPAYMENT METHOD:	
			<input type="checkbox"/> AUTOMATIC TRANSFER	<input type="checkbox"/> PAYROLL DEDUCTION
			<input type="checkbox"/> CASH PAYMENT	<input type="checkbox"/> MILITARY ALLOTMENT

PLEASE CHECK ONE:

DEPOSIT IN ACCOUNT NUMBER: _____

MAIL THE CHECK PICK UP THE CHECK

REPAYMENT TERMS

CREDIT UNION USE	DAILY PERIODIC RATE	ANNUAL PERCENTAGE RATE	MARGIN	OTHER FEES (Amount and Description)	PREVIOUS BALANCE		
		%	%	\$	\$		
	NEW BALANCE THIS SUBACCOUNT	AMOUNT ADVANCED	PAYMENT AMOUNT	DATE DUE	PAYMENT FREQUENCY	LINE OF CREDIT LIMIT	REMAINING LIMIT
	\$	\$	\$			\$	\$

SIGNATURES

By signing, endorsing the proceeds check, or otherwise authenticating, you agree to make payments as disclosed above in accordance with the terms of your Credit Agreement ("Plan"), the LOANLINER Open-End Lending Agreement ("Plan"), or the Open-End Plan ("Plan") of the LOANLINER Multi-Featured Lending Agreement, as applicable.

Borrower 1 Signature Date

X (Seal)

Borrower 2 Signature Date

X (Seal)