



2248 Commercial Drive
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TEMPORARY OVERDRAFT APPLICATION

Date: _____ Name: _____ Account #: _____

How much do you need?: _____

For how long?: _____

Why?: _____

When will you be paying it back?: _____

Please give us the following information:

Employer/Position: _____

Monthly: _____

Gross Salary: _____

Rent/Housing Charge: _____

Mortgage Payment: _____

Loan Payments: _____

Credit Card Payments: _____

Other: _____

PROMISE TO COMPLY

You have applied to us for a Temporary Overdraft. In consideration of our agreeing to grant this Overdraft, you agree to repay the full amount of the indebtedness including interest charges no later than: _____

I hereby consent to the credit union or its agent obtaining reports containing credit information from any person or source as the credit union or its agent may from time to time see fit in connection with this application, including any reporting agency.

Borrower's Signature: _____

CREDIT UNION USE ONLY

Your account is in authorized overdraft to
 until _____

Date:

D	D	M	M	M	Y	Y	Y	Y	

Charged to account Approved by: _____

Diarized Approved by: _____

Recorded