



- PO Box 389, Lemmon, SD 57638 – (605)374-3380
- PO Box 549, Faith, SD 57626 - (605)967-2380
- PO Box 1020, Hettinger, ND 58639 – (701)567-2153
- PB Box 220, Bison, SD 57620 – (605)244-7155
- PO Box 7145, Pierre, SD 57501 – (605)224-4844

## PayMed Loan Application

Updated 10/01/2020

### Type of credit requested:

- Individual Credit** – Relying solely on my income/assets.
- Individual Credit** – Relying on my income/assets as well as income/assets from other sources.
- Joint Credit** – We intend to apply for joint credit (both signatures needed below).

Applicant Name:	Co-Applicant Name:
SS #:	SS #:
Address:	Address:
Mailing Address:	Mailing Address:
City	City
State:                      ZIP	State:                      ZIP
Telephone:	Telephone
Cell Phone:	Cell Phone:
E-mail Address:	E-mail Address:
Date of Birth (MMDDYY)	Date of Birth (MMDDYY)

Amount requested: \$	# of months requested: <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84 <input type="checkbox"/> 96 <input type="checkbox"/> 108 <input type="checkbox"/> 120
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First Payment Date Requested: \_\_\_\_\_

What medical billing account(s) will be covered by this loan?

# \_\_\_\_\_ \$ \_\_\_\_\_                      # \_\_\_\_\_ \$ \_\_\_\_\_

**STATEMENT:** I/We hereby certify that all statements made, including those on my/our financial statement(s) are true and complete and submitted for the purpose of obtaining credit. The credit union is authorized to obtain my/our credit history, and to make inquiries concerning my/our credit history and employment history. I/We give permission to discuss my/our medical billing status with West River Health Services and/or West River Home Med Services. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signature on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

**You hereby acknowledge Your intent to apply for joint credit:** \_\_\_\_\_  
*Applicant's Initials*                      *Applicant's Initials*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR CREDIT UNION USE ONLY

Approved     Denied     Approved with the following modifications: \_\_\_\_\_

Date of action: \_\_\_\_/\_\_\_\_/\_\_\_\_      LOAN OFFICER: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_      Approving Loan Officer (if needed): \_\_\_\_\_

Loan Committee: \_\_\_\_\_ Date \_\_\_\_\_      Loan Committee: \_\_\_\_\_ Date \_\_\_\_\_