



**TCC Credit Union**  
TEXAS CATHOLIC COMMUNITY

PO Box 38667 214-348-8670  
Dallas, TX 75238 800-256-0779  
www.txcathcu.com

# Tuition Loan Application and Credit Agreement

## ST. PHILIP THE APOSTLE CATHOLIC SCHOOL Catholic Diocese of Dallas

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 \$2,500, multiply \$104 X 2.5 to get a monthly payment of **approximately** \$260. **Actual Annual Percentage Rate will be disclosed at time of advance.**

**\*\*Annual Percentage Rate can be reduced by .25% or .50% with automatic payments. Call the credit union for details.**

Your payment is due **on or before** the date shown below and due on the same date each month thereafter, and **will be considered late** if not received on or before that date.

**It is your responsibility to have your payment at the above TCC address by: July 5, 2008.**

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.

- \* A member whose check is returned for any reason will be assessed a return check charge of \$25.00
- \* Payments received more than 15 days after the due date will incur a late charge of 5% of the scheduled payment amount.

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: \_\_\_\_\_