

Schedule D - Small Preventive Loan Application

Service Number:	Surname:	CF One Number"

The purpose of the Small Preventive Loan Program is to provide financial assistance in the form of small loans to assist with the following: emergency/unforeseen situations such as compassionate travel, urgent home and car repairs; prevention of financial distress; and health/safety related issues. The Program may be used for education if the applicant has been denied through the BMO SLOC Program.

STATE REASON FOR ASSISTANCE (IN POINT FORM)

MANDATORY SUPPORTING DOCUMENTS (Discretion to be used)

Copy of bill/invoice/estimate

CB Report Mandatory for requests of \$1,500 or more

___ Budget

LOAN AMOUNTS AND REPAYMENT OPTIONS

Loan Amount: \$

Term in months:

Monthly Payment: \$

REPAYMENT AGREEMENT OPTIONS (cross out what is not applicable)

Option A. For Serving Regular Force Members

I (the Borrower), hereby promise to repay Support Our Troops (the Lender), the principal amount of

\$

and the total interest charges of \$ (5.5%).

The loan shall be payable by monthly installments. I hereby authorize Support Our Troops to withdraw a monthly payment from my pay account and I agree, that if released from the Canadian Forces, I shall make arrangement with Support Our Troops to repay any unpaid loan balance. I authorize Support Our Troops/SISIP Financial to gather whatever personal financial information deemed necessary from any person or organization that has personal financial information relating to me, such as banks, creditors and credit rating agencies and that Support Our Troops may provide this information to a credit bureau and other financial institutions. I also authorize Support Our Troops/SISIP Financial to disclose only the necessary personal financial information it has on me to achieve the object of this application. The information provided on this form is protected from unauthorized disclosure under Canada's Privacy Act and is available to you upon written request.



Schedule D - Small Preventive Loan Application

REPAYMENT AGREEMENT OPTIONS (cross out what is not applicable)

I certify that the requirement for this Ioan is within Support Our Troops Policy and is in the best interest of the applicant.

Name	
Borrower Signature	Date

DIRECT DEPOSIT AGREEMENT - SIGNATURE OF APPLICANT

I authorize Support Our Troops to initiate an electronic credit entry and to deposit my Support Our Troops loan amount directly to my financial institution account as indicated on the attached PAD form. I certify that all information provided with respect to the account is accurate. The information provided on this form is protected from unauthorized disclosure under Canada's Privacy Act and is available to you upon written request. Attach an unsigned cheque marked "VOID" indicating the bank branch and account to which the deposit is to be made. Note: For savings and chequing accounts only, line of credit accounts are not accepted.

Borrower Signature	Date	