

CF One Number"

Schedule I - Education Assistance Loan Program (EALP)

Surname:

Service Number:

loan to assist serving members, fo not qualify under the BMO SLOC F	rmer members and their dependan	financial assistance in the form of a ts (spouses and children) who may ay need to complete recertification ies for employment		
NAME OF STUDENT	RELATIONSHIP	TO APPLICANT		
MANDATORY SUPPORTING DOCUM	1ENTS (Discretion to be used)			
Discharge certificate or record Proof of Tuition Cost T4's and/or tax assessments (s	ome (pay and/or pension stubs; ban of service (retired or released memb elf-employed members only) ce at a recognized post-secondary in	bers only)		
LOAN AMOUNTS AND REPAYMENT	OPTIONS			
Loan Amount: \$	Term in months:			
Monthly Payment: \$				
REPAYMENT AGREEMENT OPTIONS (cross out what is not applicable)				
Loans within the EALP are unlike gare not deferred until completion of Option A. For Serving Regular For		s or programs in that payments		
I (the Borrower), hereby promise to repay Support Our Troops (the Lender), the principal amount of				
\$ and	the total interest charges of \$	(3.45%).		
from my pay account and I agree, t SOT to repay any unpaid loan balan information deemed necessary fro relating to me, such as banks, credit to a credit bureau and other finan the necessary personal financial in	hat if released from the Canadian Force. I authorize SOT/SISIP Financial to me any person or organization that cors and credit rating agencies and the ncial institutions. I also authorize Suformation it has on me to achieve is protected from unauthorized discontinuous.	OT to withdraw a monthly payment prces, I shall make arrangement with o gather whatever personal financial has personal financial information at SOT may provide this information OT/SISIP Financial to disclose only the object of this application. The closure under Canada's Privacy Act		



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Option B. For other than 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 \$			
(<u>5.5%</u>). by Pre-Authorized Debit.			
I will not cease the Pre-authorized debit until the loan has been re-paid in full.			
(PAD form to be completed and attached)			
I consent that SOT will disclose to my Base/Wing Commander within my Chain of Command any act committed by me which constitutes a compromise of my debts namely a consumer proposal or a voluntary assignment in bankruptcy or any order pursuant to the Bankruptcy and Insolvency Act and for which SOT has suffered a loss.			
Borrower Signature		Date	
APPROVING AUTHORITY			
I certify that the requirement for this loan is within SOT Policy and is in the best interest of the applicant.			
Name			
Borrower Signature		Date	
DIRECT DEPOSIT AGREEMENT - SIGNATURE OF APPLICANT			
I authorize SOT to initiate an electronic credit entry and to deposit my SOT 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	