



BARANGKA CREDIT COOPERATIVE

A Primary Multi-Purpose Cooperative
CDA Reg. No.: 9520-16012864 CIN # 0105162076



TYPE OF LOAN: _____

LOAN APPLICATION (Equal, Back to Back, Small Loans, PBST)

BCC ID	FAMILY NAME	FIRST	MIDDLE NAME	MEMBER'S RATING	DATE:
HOME ADDRESS:				TELEPHONE #	CELLPHONE #
SOURCE OF INCOME:		MONTHLY INCOME:	AMOUNT APPLIED:	TERM:	MODE OF PAYMENT:
ANO PO ANG TUNAY NA DAHILAN NG INYONG PAGHIRAM?				DAMAYAN / DAGDAG BUHAY	
				PLAN:	STATUS:
DO NOT FILL BLANKS BELOW FOR BCC USE ONLY.					
Account Balances	Amount Approved:	Php	_____		
As of : _____	Add: _____		_____	LESS: Interest on Loan	_____
Share : _____			_____	Service Fee	_____
Savings : _____	Loan Receivable	Php	_____	Retention	_____
Loans : _____				CLPP	_____
				Others	_____
Verified By: _____	Previous Loan: _____			NET PROCEEDS	Php _____

LOAN PROMISSORY NOTE WITH AUTHORITY TO DEBIT

Ref. No. _____

PESOS: _____ (P _____)

Date Received: _____

Monthly Amortization: P _____ payable every _____ day of the month starting on _____

For value received, I/We, jointly and severally promise to pay BARANGKA CREDIT COOPERATIVE (BCC) or order the sum of PESOS _____ (P _____) with interest on principal at the rate of _____ and two percent (2%) penalty per month for overdue or unpaid balance, until the full amount has been paid. In case of any default in payment, the entire balance under this Note shall become immediately due and demandable without need of notice or demand. Each party to this Note, whether as Maker, Co-Maker, Endorser or Guarantor, severally waives presentation of payment, demand, protest and dishonor of the same.

The undersigned Maker/s and/or Co-Maker/s hereby AUTHORIZE/S BCC to DEBIT/ MAKE AUTOMATIC WITHDRAWALS from any of my/our accounts in BCC or in any bank, employment office, institution, whether savings deposit, time deposit, savings plan, ATM account, pensioner savings, 13th month, bonuses, OFW remittances and the like, and credit the same to the payment of my/our obligations under this Promissory Note every due date until full payment of the loan. This remedy is non-exclusive and is without prejudice to the right of BCC to avail of such other legal remedies to collect the payment of my/our obligations in the event that the amount in said account/s is/are insufficient to pay the loan.

In witness whereof, I/We hereby affix our signature this _____ day of _____, 20__ in the City of Marikina.

Maker : _____
(Print Name and Sign)

Co-Maker : _____
Print Name and Sign - Spouse/ Parent/ Others

Co-Maker : _____
(Print Name and Sign)

Relationship to Maker : _____

Co-Maker : _____
(Print Name and Sign)

Relationship to Maker : _____

Approved by:

Credit Management Committee

Accounting Clerk

Disbursing Officer

Member / Print and Sign