

### 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**

\$1,000 - \$1,500 (maximum 12 months)	\$2,000 - \$3,000 (maximum 18 months)	\$3,500 - \$4,500 (maximum 24 months)	\$5,000 (maximum 30 months)
Loan Amount \$1,000    \$1,500    \$2,000  \$2,500    \$3,000    \$3,500  \$4,000    \$4,500    \$5,000	Term (in months) 1    2    3    4    5    6    7    8    9    10    11    12    13    14    15  16    17    18    19    20    21    22    23    24    25    26    27    28    29    30  Monthly Payment \$ <input style="width: 100px;" type="text"/>		

**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 SOT to withdraw a monthly payment from my pay account and I agree, that if released from the Canadian Forces, I shall make arrangement with SOT to repay any unpaid loan balance. I authorize SOT/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 SOT may provide this information to a credit bureau and other financial institutions. I also authorize SOT/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.

**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 \$  (5.5%) 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

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

(Ce formulaire est disponible en français)

Protected "B" (when completed)