



FEDERAL CREDIT UNION

201 J. Redmond Cir. 2475 Northwest Blvd.
Rome, GA 30185 Newton, NC 28658

266 Nelson St. 1504 Dean Ave.
Cartersville, GA 30120 Rome, GA 30161

DEFENDANT'S BIT D-7

LOANLINE

NOTE AND DISCLOSURE STATE

BORROWER NAME (Last - First - Middle Initial) AND ADDRESS (Street - City - State - Zip)

CAMP THOMAS D.
DR NE
ARMUCHEE GA 30105

Table with columns: DATE, NOTE NUMBER, ACCOUNT NUMBER

In this agreement "you" and "your" mean each person who signs this agreement. The "credit union" means the credit union whose name appears above and to whom the credit union transfers its rights under this agreement.

TRUTH IN LENDING DISCLOSURE

Table with columns: ANNUAL PERCENTAGE RATE, FINANCE CHARGE, Amount Financed, Total of Payments

Table with columns: Your Payment Schedule, Number of Payments, Amount of Payments, When Payments Are Due, Property Insurance

Security: Collateral securing other loans with the credit union the goods or property being purchased; Other (Describe)

Late Charge: A late fee of 4% (North Carolina) or 5% (Georgia) of the payment amount will be charged on loans that are 10 days past due.

See your contract documents for any additional information about nonpayment, default, and any required repayment in full before the scheduled date.

ITEMIZATION OF THE AMOUNT FINANCED

Table with columns: ITEMIZATION OF AMOUNT FINANCED OF, AMOUNT GIVEN TO YOU DIRECTLY, AMOUNT PAID ON YOUR ACCOUNT, PREPAID FINANCE CHARGE

Table with columns: Amount Paid to, Others on, Your Behalf, To, G E CREDIT UNION, \$, To

NOTE AND SECURITY AGREEMENT CONTINUED ON REVERSE SIDE

Promise to Pay: You promise to pay \$ 4000.00 to the credit union plus interest on the unpaid balance at 9.75 % per until what you owe has been repaid.

Collection Costs: You agree to pay all costs of collecting the amount you owe under this agreement including court costs and reasonable attorney fees not to exceed 15% of the unpaid debt.

Table with columns: Security Offered, MODEL, YEAR, I.D. NUMBER, TYPE, VALUE

Other (Describe): Used Automobile

You Pledge Shares \$ Acct. # \$ Acct. #

SIGNATURE: If you agree to make and be bound by the terms of this Note and Security Agreement sign below. If you are not a borrower but an owner of the collateral for this loan, sign below and check the box for "Owner of Collateral".

Table with columns: Borrower 1, Date, Borrower 2, Date, Witness, Date

CREDIT INSURANCE APPLICATION/SCHEDULE

"You" or "Your" means the member and the joint insured (if applicable). Credit insurance is voluntary and not required in order to obtain this loan. You may select any insurer of your choice. The rate you are charged for the insurance is subject to change.

Table with columns: YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S), YES, NO, PREMIUM SCHEDULE, INSURANCE MAXIMUMS, DISABILITY, LIFE

UNDER "TOTAL DISABILITIES NOT COVERED" THE PRE-EXISTING CONDITIONS ARE WAIVED.

If you are totally disabled for more than 30 days, then the disability benefit will begin with the 31st day of disability

Table with columns: DATE, SIGNATURE OF BORROWER ELIGIBLE TO BE INSURED, BORROWER'S, SIGNATURE OF JOINT INSURED (CO-BORROWER), CO-BORROWER'S DATE OF BIRTH

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