

PAYDAY ADVANCE APPLICATION

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CONFIDENTIAL

ACCOUNT NUMBER	NAME	AMOUNT REQUESTED
EMAIL ADDRESS	HOME PHONE NUMBER	SOCIAL SECURITY NUMBER
COMPLETE HOME ADDRESS		
EMPLOYER	WORK PHONE NUMBER	CELL PHONE NUMBER
DATE OF NEXT DIRECT DEPOSIT	PAY FREQUENCY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> OTHER:	

PLEASE READ BEFORE SIGNING

1. I understand that all my Signal Financial FCU accounts must be in good standing per Signal Financial FCU's by-laws.
2. I understand that I will be charged a non-refundable application fee of \$20 for this request.
3. I understand that Signal Financial FCU may obtain my credit report for this request and I authorize Signal Financial FCU to do so.
4. I authorize the withdrawal of payment in full from my share account on my next payday. If this advance is not paid according to schedule, I authorize Signal Financial FCU to take any and all necessary steps at my expense to collect the advance.
5. I understand that by accepting a Payday Advance, my account will be opted out of the Overdraft Privilege Program.
6. I understand that if the advance repayment is received more than 3 days late, a \$25 charge will be assessed.

MEMBER'S SIGNATURE

DATE