

PAYDAY ADVANCE APPLICATION

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CONFIDENTIAL

ACCOUNT NUMBER	NAME	AMOUNT REQUESTED
EMAIL ADDRESS	HOME PHONE NUMBER	LAST 4 DIGITS OF 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