



120 EAST 1000 SOUTH
PO BOX 657
BRIGHAM CITY, UT 84302
PHONE (435)723-5231

NAME(S) _____ ACCOUNT NUMBER _____

Financial Counseling is designed to educated members and offer sound guidance to help you implement and maintain a realistic budget. You have indicated an awareness of your particular situation by seeking Financial Counseling through Members First Credit Union. We realize there may be many reasons for your present situation-the important thing now is to resolve the problem & pay your debts. Understand that some financial situations took a long time to develop, therefore may take time to resolve. Options and alternatives will be discussed during your financial counseling session to help you gain financial independence.

The financial counseling service is designed to assist you, *provided you are willing to work hard at the problem & cooperate fully.*

Please recognize the following:

1. Only **you** can get yourself out of debt.
2. You may have to accept some changes. It may be necessary to reduce your spending or attempt to increase your total income. There will be some difficult decisions to make between what would be "nice" or "convenient" and what is really "necessary".
3. You must keep your word with us
4. There is no charge for our services.

Please complete as accurately as possible. The solutions developed will be a direct result of the accuracy and completeness of this information.

In consideration of Members First Credit Union providing these limited counseling services, I/we agree to indemnify and hold harmless Members First Credit Union, its employees, officers, & directors from any and all claims whatsoever as a result of any act or omission of the Release in any way related to the providing of credit counseling services to me.

I hereby authorize the credit counselor to disclose to management any information which he/she reasonably believes may cause the Credit Union a loss, expose the credit union to liability, which may be contrary to Credit Union policies and procedures, pertains to the mishandling of Credit Union member accounts, documents, or financial information.

I/we further acknowledge that I may terminate this agreement at any time and that the Credit Union may also terminate this agreement at any time. However, regardless of the manner in which this agreement is terminated, the indemnification and hold harmless language set forth above shall survive the termination and continue in full force and effect.

I/we further acknowledge that Members First Credit Union is providing credit counseling as a free service to their members and employees and that Members First Credit Union is neither licensed by the State of Utah, nor the federal government as a credit counseling agency.

I/We certify that the information provided is true and complete. I/We authorize Members First Credit Union to obtain credit reports to assist with my/our financial counseling.

X

Member Signature

Date

X

Joint Member Signature

Date