



ADVANCEMENT LOAN AGREEMENT

Member Name:	Member Number:
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I hereby agree to repay UNIFY Financial Federal Credit Union (UNIFY) for all loan advances and associated fees under the "Advancement Loan" program. I understand that this program is optional and that my participation is voluntary.

All advances made to me will be due one (1) calendar day after such advance is made. If not repaid by that time, I agree to the assessment of a deferral fee in the amount of five percent (5%) of the total advance. Unless otherwise directed by UNIFY, I agree to repay the advance and deferral fee no later than 30 days after the day I receive the advance. I understand that there is no Automatic Payment option available in this program.

I agree to be limited to one advance outstanding at any time and will not request additional advances until any outstanding advance and deferral fee are paid in full. Advances may be made in person, over the phone, or such other communication channels authorized by UNIFY. Advances can be received in cash, check or deposited into my checking or savings account. I authorize UNIFY to answer questions or requests from credit reporting agencies or others seeking credit experience information about my account.

I understand that my continued participation in this program is subject to a membership (of more than 30 days) maintained in good standing with UNIFY; not having caused UNIFY a loss; not having any loan obligation delinquent 30 days or more; and maintaining periodic Direct Deposits of not less than \$500. I acknowledge that UNIFY may change or terminate the program at anytime.

Member Signature:	Date:
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For Internal Credit Union Use Only Request	
Processed by Teller #: _____	Date Membership Opened: _____
Amount of Direct Deposit: _____	Account in Good Standing: Yes No



Advancement Loan Request

This request is for existing UNIFY members who have a signed Advancement Loan Agreement on file.

Member Name:	Member Number:
Date of Request:	Daytime Contact Phone:
Amount Requested (minimum \$100 - maximum \$500, increments of \$100)	
How would you like to receive the funds? __ Check made payable to you __ Deposit to your UNIFY Checking* account # _____ __ Deposit to your UNIFY Savings* account # _____ *You must be the primary account holder on this account	

For Internal Credit Union Use Only Request	
Processed by Teller #: _____	Date Membership Opened: _____
Amount of Direct Deposit: _____	Account in Good Standing: Yes No