



MembersFirst Credit Union  
 Ashley DuBois  
 adubois@membersfirstga.com  
 912-508-0281

## Financial Counseling Session Getting Started

**Member Name** \_\_\_\_\_ **Member Number** \_\_\_\_\_

To get started, we would like to know how a MembersFirst Financial Counselor can assist you. Our first initial meeting is a one-on-one 30-45 minute session (virtually or in person) to discuss ways to achieve your financial goals. There is no charge because it's what we do!

**Forms to complete:**

- Authorization and Release
- Authorization to Obtain Credit
- Goals and Results (Goals only during initial meeting)

**What are your goals? (check all that apply)**

- Improving Credit Score
- Starting a Budget
- Buying a Home
- Saving for the Future

**Based on what you have selected we may need the following:**

**Credit Counseling**

- Credit Report
- Collections Items

**Budgeting**

- Two most recent pay stubs
- Credit Report
- Bank Statements
- Monthly bills
  - Utilities
  - Insurance
  - Mortgage
  - Child Care
  - Car Payment
  - Credit Cards
  - Loans
- Debts and Collection Items

**Signature & Commitment:**

By signing below, I agree to the Authorization and Release Form, and I commit to the scheduled dates throughout this counseling program. I agree to contact my counselor if I am unable to attend any of my scheduled meetings to reschedule for a different date.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date



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## Financial Counseling Authorization and Release

I, \_\_\_\_\_, have requested MembersFirst Credit Union (Here and after Credit Union) to provide financial counseling services to assist me in working to improve my personal finances.

I authorize the 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, may be contrary to Credit Union policies and procedures or pertains to the mishandling of Credit Union member accounts, documents or financial information.

I further acknowledge that MembersFirst Credit Union is providing financial counseling as a free service to Credit Union members and employees and that the Credit Union is neither licensed by the State of Georgia, nor the federal government as a financial counseling agency. Any financial counseling services provided does not constitute legal advice or tax advice.

I agree to indemnify and hold harmless all volunteers of the financial counseling program and the Credit Union, its employees, directors, officers, volunteers and agents from any claim, suit, action, demand, or liability of any kind and of any nature now or any time in the future arising out of or in any manner connected with my participation in the financial counseling service or program.

The MembersFirst financial counseling program is provided to me as a free service. Participation in the program is voluntary and is not a condition of obtaining a loan nor will participation affect my chance of obtaining a loan. The Credit Union is not obligated to make extensions of credit or provide any other services due to my participation in the program.

Member Signature	Date
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Member Email Address	Member Number
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Member Phone



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## Financial Counseling Goals and Results

### Goals and Results

Name: \_\_\_\_\_ Member Number: \_\_\_\_\_ Date: \_\_\_\_\_

Goal #1: \_\_\_\_\_

Accomplish By: \_\_\_\_\_ Owned By: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

Goal #2: \_\_\_\_\_

Accomplish By: \_\_\_\_\_ Owned By: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

Goal #3: \_\_\_\_\_

Accomplish By: \_\_\_\_\_ Owned By: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

Goal #4: \_\_\_\_\_

Accomplish By: \_\_\_\_\_ Owned By: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

Recent Wins: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_