

MembersFirst Credit Union 2476 Lawrenceville Highway Decatur, GA 30033 404 978-0080

I______, a Credit Union member, have requested MembersFirst 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, which may be contrary to Credit Union policies and procedures or pertain to the mishandling of Credit Union member accounts, documents or financial information.

I further acknowledge and agree that I may terminate this Agreement at any time and that the Credit Union may terminate this Agreement at any time. Regardless of the manner in which this Agreement is terminated, the indemnification and hold harmless language shall survive the termination and continue in full force and effect.

I further acknowledge that MembersFirst Credit Union is providing financial counseling as a free service to Credit Union members and that the Credit Union is neither licensed by the State of Georgia, nor the federal government as a financial counseling agency. MembersFirst Credit Union's financial counselor is a certified credit union financial counselor; however, any financial counseling service provided does not constitute legal advice.

I agree to indemnify and hold harmless all volunteers of the financial counseling program and MembersFirst, 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 Credit Union financial counseling program is provided to members as a free service. Participation in the program is voluntary and is not a condition of obtaining a loan nor will participation necessarily improve your chance of obtaining a loan. The Credit Union is not obligated to make extensions of credit or provide any other services due to your participation in the program.

Member Name

Member Signature

Date