

ADVANCE PAY AGREEMENT



Member Name: _____

Source (Depositing Agency): _____

**If you would like to request advance payment for more than one source, please complete a separate form for each depositing agency.*

By signing below, I hereby understand that:

1. It is required I have a Direct Deposit coming to Heart O' Texas Federal Credit Union in order to be eligible.
2. The entire amount of the Direct Deposit will be advanced.
3. A service charge of **\$29.50** per advance will be deducted when the funds are deposited in to my account.
4. Funds will not be advanced and credited to my account until Heart O' Texas Federal Credit Union receives notification as to the exact amount of the Direct Deposit.
5. All loan payment(s) associated with the Direct Deposit to be advanced, will be deducted and processed at the time of this advance.
6. This is not a loan.

Account Number: _____

Please select one:

<input type="checkbox"/> One-time advance		
Re-occurring advance:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly
	<input type="checkbox"/> Semi-monthly	<input type="checkbox"/> Monthly

***NOTE:** In order to avoid unwanted service charges, Heart O' Texas Federal Credit Union must be notified, in a timely manner, should you wish to cancel this re-occurring service.

Signature

Date