COAST GUARD EMPLOYEES CREDIT UNION

Hale Boggs Federal Building, 500 Poydras St. Rm. 1226

New Orleans, LA 70130-3396

Web: www.coastguardecu.net

Toll free: 800-772-6163 Direct: 504-671-2287 or -2289 Fax: 504-671-2290 or 877-427-3291



Statement of Understanding (Type or Print Clearly) E-mail: cgecu@coastguardecu.net

Purpose of form:

The below statements are provided for all loan applicants to read and understand prior to committing to a loan contract with this Credit Union. By your initials next to each statement you are indicating that you have read, understand and are agreeing to each one of these statements.

"ALL STATEMENTS MUST HAVE INITIALS OR "N/A" ENTERED YOU ARE RESPONSIBLE FOR READING EACH STATEMENT.

plicant Icertify that I am not requesting early release from active duty in accordance with any early release program. plicant Joint/Co-Signer I understand that if I am separated from the U.S. Coast Guard for any reason, that my debt with the Credit Union is a legal debt and must be repaid as agreed in the promissory note. plicant Joint/Co-Signer If I retire from the U.S. Coast Guard or Employment with the U.S. Coast Guard and have an outstanding balance that I will carry my allotment forward for repayment of the loan and that it is my responsibility to ensure payments arrive on time as per the promissory note. e below statements must be read and initialed by all applicants and joint/co-signer I will keep the Credit Union advised of any mailing address changes and keep my mailing address current. I further understand that a quarterly fee of \$10.00 will be charged to my account if I do not have a current mailing address with the Credit Union. plicant Joint/Co-Signer I understand that if I default on the loan, that my account will be added to my loan balance for legal fees, court costs and collection expenses. plicant Joint/Co-Signer I understand that any delinquencies on loan repayments and defaults are automatically reported to the plicant Joint/Co-Signer I understand that any delinquencies on loan repayments and be notified of any discharges of indebtedness in accordance with the Internal Revenue Code and I will be required to pay federal income tax on that amount. plicant Joint/Co-Signer I understand that if I cost the Coa				
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plicant Joint/Co-Signer I understand that Louisiana Law permits repossession of motor vehicles without judicial process.	Applicant	Joint/Co-Signer	payment for a period of sixty (60) days.	
	Applicant	Joint/Co-Signer		
I understand that the credit officin imposes a Later ayment i de in the payment offinity toan is greater			I understand that the Credit Union imposes a Late Payment Fee if the payment on my loan is greater	
than ten (10) days delinquent at 5% of the past due amount, not to exceed \$35.00 per payment.				
Further, that any cost incurred by the Credit Union for notification that my account is greater than 30				
	Applicant	Joint/Co-Signer		
knowledgement:				

I.

Printed name of applicant

Printed name of joint/co-signer

do hereby

certify that all statements initialed above are understood and that I am agreeing to each statement with my signature below.

and

Signature of applicant

date

Signature of joint/co-signer

date

Statement of Understanding Note Instructions

Form Description:

The **Statement of Understanding** is provided to ensure you have an understanding of the loan agreement terms and your financial responsibilities. This is an important document and you should read it carefully, any questions concerning the statements should be answered prior to initialing the statement. The top three statements may or may not apply, if they do not apply then "N/A" should be placed in the space for initials. If no Joint/Co-Signer then put "N/A" in the space for their initials on each line and in the space provided for their printed name at the bottom of the form.

	IMPORTANT ALL STEPS MUST BE FOLLOWED OR FORM IS INVALID			
Step	Instructions			
1	Read the uncompleted form prior to entering any data.			
2	IMPORTANT, you must put your initials on EACH line to indicate you have read and understand the statement. DO NOT initial on one line and draw a line down the form, this will invalidate the form.			
3	Call the Credit Union staff if you have any questions concerning this form or any of the statements. It is your responsibility to understand what you are initializing.			
4	Make sure you type or print clearly your name and if necessary the joint/co-signer name in the space provided and each signs/dates the form where appropriate.			
5	Return original documents to the credit union by mail or as directed by Credit Union Staff.			
A	SIGNATURES ON THIS FORM MUST BE INCLUDED WITH ALL LOAN APPLICATIONS OR THE LOAN OFFICER WILL DISAPPROVE DUE TO AN INCOMPLETE APPLICATION.			

Page two (2), Statement of Understanding Instructions do not have to be sent to the Credit Union office with signed page one of form.

Signed copies of this form can be provided to loan applicants on request.