



RELATIONSHIP BALANCE FEE INCOME EXEMPTION APPLICATION

By completing this form, I am requesting an exemption to the Relationship Balance Fee for my household.

I understand that if approved, this exemption expires May 1, 20__ and it is my responsibility to reapply for another exemption. I agree, as a condition of this income exemption approval, that I will place my qualifying loans or deposit relationship from any other institutions with The Summit Federal Credit Union. If my household income changes and my household no longer qualifies for this exemption, it is my responsibility to notify The Summit Federal Credit Union to obtain a credit report from third parties, including credit reporting agencies.

I acknowledge that The Summit Federal Credit Union may change the terms, or revoke, the exemptions at any time without prior notice. The Summit Federal Credit Union may approve or deny this request for exemptions at its own discretion.

Name _____ Account Number _____
(PLEASE PRINT)

Address _____ Social Security Number ____ - ____ - ____
_____ Daytime Phone Number () _____

Employer Name _____ Evening Phone Number () _____

1. What account relationship(s) do you have with The Summit Federal Credit Union? (Check all that apply.)

- | | | | |
|--------------------------------------------|-----------------------------------------|-------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Visa Credit Card | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Investment |
| <input type="checkbox"/> Share Certificate | <input type="checkbox"/> Loans | <input type="checkbox"/> Home Equity | |

2. Does your employer or primary source of income offer direct deposit to The Summit Federal Credit Union?

- NO YES (If yes, I agree to use The Summit's direct deposit service) Don't Know

3. Does your household have savings somewhere other than The Summit Federal Credit Union?

- NO YES (Please list savings information below.)

Institution	Account #	Balance	Type (includes savings, checking, money market, investment)

4. Does you household have loans or credit cards somewhere other than The Summit Federal Credit Union?

- NO YES (Please list the loan and/or credit card information below.)

Institution	Account #	Balance	Type (loan or credit card)

5. My household qualifies for the Income Exemption because: (Check one.)

- My household income is within the limits established by The Summit. (Please refer to attached guidelines.)
Annual Household Income \$ _____ # in Household _____
- My family receives public assistance. I agree to provide The Summit proof of eligibility for the public assistance, hereby waiving any right to privacy or confidentiality in that information. I agree to direct deposit my government check into my Summit account.
- Financial Hardship: Current Gross Monthly Income \$ _____ # in Household _____

I hereby certify under the penalty of perjury that the statements in support of this exemption are true and correct.

Member's Signature _____ Date _____

FOR OFFICE USE ONLY:	Type of Proof Received _____
	Approved _____ Verified by Teller # _____
	Yes/No
	Flag File Maintenance completed on: _____
	Date Member Notified: _____
	Remark Line 6000 completed on: _____