

All Fresh Start Repayment Plan Requests are subject to review, and approval is not guaranteed.

Member Name(s):							
Address:							
City:	State:	Zip Code:					
Telephone: Home Work		Other					
Social Security Number (Last Four):	#						
THE MINIMUM AMOUNT TO QUALIFY FOR A FRESH START PLAN IS \$400, MAXIMUM AMOUNT \$1,500. Amount of the Discretionary Overdrafts I owe to you \$ (Exact amount account is negative)							
Number of Payments Requested (Check one): <u>2</u> 3 <u>4</u>							
Repayment Amount: (Round Up/Near	est Dollar)						
Requested Due Date (Monthly) Beginning:							
The first due date cannot exceed 30 days from the date of approval/submission or be on the 29 th , 30 th , or 31 st .							

Annual Percentage Rate: None

Finance Charge: None

ITEMIZATION OF AMOUNT

For value received the depositor(s) jointly and severally, if more than one, promise(s) to pay to the order of Greater Texas
Federal Credit Union at the Main Office or a branch of Greater Texas Federal Credit Union the total of payments as shown
above in accordance with the schedule of payments as shown above. The depositor(s) $$ (A) authorize Greate <u>r Te</u> xas
Federal Credit Union to debit Account#: to pay the monthly payments. OR The depositor(s) agree to(B)
manually make monthly deposits to cover their Fresh Start payment. Greater Texas Federal Credit Union will automatically
debit the account only for the payment. The account will remain open, and the depositor(s) will be able to continue making
deposits and withdrawals on this account. The depositor(s) will be in default if the depositor(s) fail(s) to make a payment when
it is due under the Repayment Plan. In the event of a default, Greater Texas Federal Credit Union may, at its option, after
giving an advance notice of default and opportunity to cure required by applicable law: (i) require the depositor(s) to pay
immediately the entire unpaid balance of the Amount of the Discretionary owed as shown above, in full; (ii) apply money
from the account described above or any other deposit account of the depositor(s) to pay all or a portion of the balance
due; and/or (iii) close the account described above. Default remedies will be applicable to all accounts wherein joint
ownership is active. The purpose of the "Fresh Start" is to repay depositor(s) outstanding discretionary overdraft(s) (which
include principal amounts and Creditor's normal fees) on the referenced checking account above. The depositor(s) agree
that the discretionary overdraft feature of this Share Draft account will be suspended until the payment identified above is
paid in full as agreed. Once the discretionary amount owed is paid in full, the depositor(s) must submit a written request to
have the checking account reviewed for eligibility in the Overdraft Privilege Program. The depositor(s) will be limited to a
total of one "Fresh Start" repayment plan regardless of the number of accounts open (primary and joint ownership). The
depositor(s) will be limited to one "Fresh Start" repayment plan at a time. (Note: Upon completion of a "Fresh Start"
repayment plan, the member will remain ineligible to request the Overdraft Privilege for a period of 3 months. Any
subsequent "Fresh Start" repayment plan submitted within the 12 months rolling period will be reviewed and treated on
a case-by-case basis.

Depositor Signature:			[Date:		
Joint Depositor Signature:				C	Date:	
	Fresh	Start	Discretionary	Overdraf	t Repayment	Plan 2

Return options:

Mail					
Greater Texas Federal Credit Union					
12544 Riata Vista Circle					
Austin, TX 78727					
Email					
collectionsmail@gtfcu.org					
DR Submit to					
Any Greater Texas Aggieland Branch Location					
Credit Union Use Only					
f applicable, Credit Union Employee Submitting Request Information – Details					
Date Received:					
Employee Name:					
Branch Number & Description:					
Feller Number:					
Review Date:					
Reviewed by:					
Decision Recommendation: [] Approved [] Declined					
If declined, was a request for approval authorized by a branch manager or higher?					
f yes, please notate:					
Name: Method of approval (verbal / email) Date:					
Comments – Notes:					