



Attn: Accounting Department & Finance Department

Email contract packets in PDF format to:

Indirectfunding@familysavingscu.com

(All physical contracts mailed/overnighted to the indirect dept could be
delayed in funding, up to 5 days.)

Family Savings Credit Union

342 Charles Hardy Parkway, Hiram GA 30141

Attn: Indirect Department-Funding

If you have any questions you can contact:

Dave Davis- Indirect Lending Manager/

Underwriter

ddavis@familysavingscu.com

Office #: 256-678-8512

Cell #: 678-894-5463

Amy Lee- Indirect Supervisor/

Underwriter/Head of Funding

alee@familysavingscu.com

Office #: 256-678-8438

Cell # : 678-448-9633

Lance Keener- Dealer Relationship Manager

lkeener@familysavingscu.com

Office #: 256-439-5782

Cell #: 404-989-0490

Jesse Atchley-Underwriter

jatchley@familysavingscu.com

Office #: 256-678-8547

Cell #: 706-428-1343

Caelie Dickerson-Funding

cdickerson@familysavingscu.com

Office #: 256-678-8479

Jennifer Doughman-Funding

jdoughman@familysavingscu.com

Office #: 256-678-8541

Indirect Direct Line: 1-256-439-5809

Toll Free Number: 1-888-311-3728

Fax Number: 678-905-7966

Email: Indirect@familysavingscu.com

FAMILY SAVINGS CREDIT UNION

INDIRECT LENDING

ACH/WIRE TRANSFER INFORMATION SHEET

In order to credit the proper accounts, the following information is requested. Please contact your financial institution for wiring instructions.

Dealership Name _____

Bank Name _____

Bank Address _____

Bank City, State, Zip _____

Routing Number _____

Account Number to be credited _____

Special
Attention/Instructions _____

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WIRE CONFIRMATION INFORMATION REQUIRED:

NAME OF RECIPIENT: _____

(At Dealership)

TELE#: _____

EMAIL ADDRESS: _____

Family Savings Credit Union

Dealer Checklist

- Copy of Callback Letter
- Copy of Credit Application signed by ALL applicants
- Copy of valid and legible Driver's License for each applicant
(To prevent funding delay please contract with name as typed on driver's lic and contract signed like driver's lic signature.)
- Proof of income (if required in stipulations)
- Proof of residence if address contracted does not match Driver's License
- Original installment contract with signatures from ALL applicants and dealer.
- Assignment form (If applicable)
- Notice to cosigner (if applicable)
- Bill of Sale/Buyers Order
- Copy of Manufacture's invoice (MSRP Invoice) or NADA Value sheet
- Agreement to provide Insurance completed and verified (Agent, Company, Phone number, and Policy number)
- Copy of Insurance Card
- Copy of GAP contract (Max allowable charge of \$899)
- Copy of Extended Service Contract
 - ▲ Backend Allowance parameters - GAP and/or Extended Warranty - 20% of collateral valuation not to exceed \$5,000.00 (Max GAP \$899.00)
 - ▲ If the value added product(s) Gap and/or Extended Warranty are added, loan term may be extended at the same interest rate based on these guidelines:
 - GAP only** - may extend the term up to 3 months at same rate
 - Extended Warranty** with or without GAP - may extend the term up to 11 months at the same rate
 - *** Maximum term is 84 months so no term extensions are allowed for value added products if 84 month term is requested.***
- Copy of Signed Title Application/MV1/UCC1 (Proof of title showing Family Savings Credit Union as first lienholder)
- Odometer statement
- Late Fee Addendum signed by all applicants (AL \$100, GA \$50, this depends on where your dealership is located)
- 3 References (Name and phone number)
- Signed Membership Form (if not a current member) Applicant must meet eligibility requirements to join or loan cannot be processed.
- Membership Fee \$5.00 will be held from reserves
- Any additional documents required as a condition for credit approval

Family Savings CU sincerely appreciates your business!

EMAIL FUNDING

Please scan contract docs in PDF format and email to:

indirectfunding@familysavingscu.com

(All physical contracts mailed/overnighted to the indirect dept could be delayed in funding, up to 5 days.)

OR mail contracts to:

Family Savings Credit Union
Attn: Indirect Funding Dept
342 Charles Hardy Pkwy
Hiram, GA 30141

Lienholder Address:

Family Savings Credit Union

711 East Meighan Blvd.

Gadsden, AL 35903

(DO NOT MAIL CONTRACTS TO THE ABOVE ADDRESS)



Indirect Lending Program

CREDIT UNION MEMBERSHIP REQUIREMENTS AND ELIGIBILITY

MEMBERSHIP:

- MEMBERSHIP FEE: \$5.00 (Will be deducted from dealer reserves)
- MEMBERSHIP FORM: Supplied by Family Savings Credit Union

ELIGIBILITY REQUIREMENTS:

Alabama:

- Persons who live, work, worship, attend school or regularly conduct business in the following counties:

Etowah, Madison, Jackson, Marshall, Dekalb, Blount, Cherokee, St. Claire, Calhoun, Cleburne, Morgan, Cullman and Talladega.

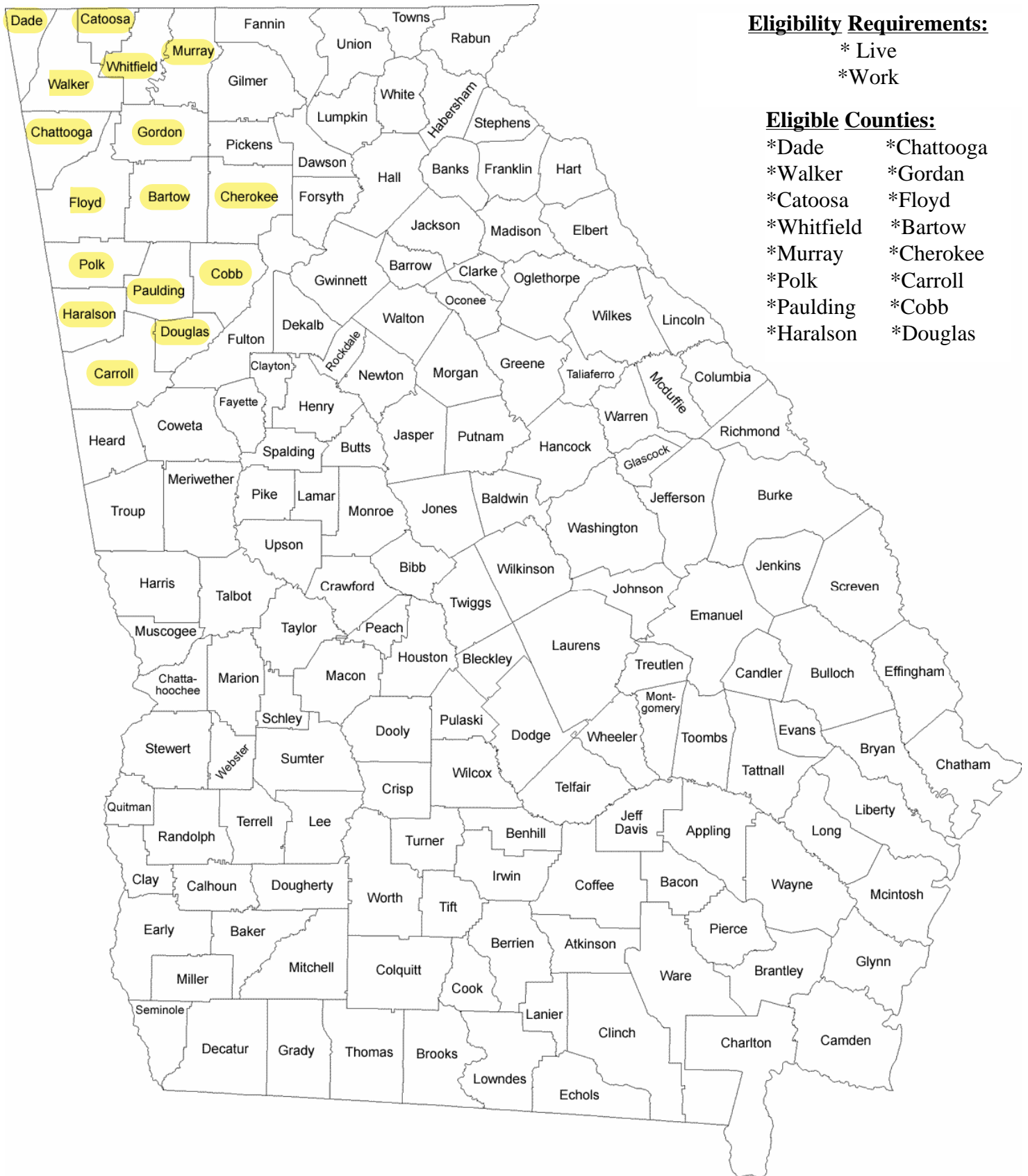
Georgia:

- Persons who live or work in the following counties:

Bartow, Catoosa, Chattooga, Dade, Floyd, Gordan, Haralson, Paulding, Polk, Walker, Whitfield, Murray, Cherokee, Cobb, Douglas and Carroll.

*Persons can also join through an existing Family Savings Credit Union immediate family member.

GEORGIA



Eligibility Requirements:

* Live

* Work

Eligible Counties:

* Dade

* Chattooga

* Walker

* Gordon

* Catoosa

* Floyd

* Whitfield

* Bartow

* Murray

* Cherokee

* Polk

* Carroll

* Paulding

* Cobb

* Haralson

* Douglas

Get Printable Maps From:

WaterproofPaper.com

UP-DATE
RE-JOIN

DATE _____
EMP _____

Account No. _____

**Family Savings Credit Union
Account Agreement Signature Form**

Primary Account Owner:

Last Name _____ First _____ Middle _____

Mailing Address _____

Physical Address _____

Home Phone _____ Work Phone _____ Cell _____

Social Security # _____ Individual Taxpayer ID # _____

Alien ID # _____

Verified by: ___ Driver's License ___ Student ID ___ Passport ___ Employee ID ___ Other

Issue Date _____ Expiration Date _____

Date of Birth _____

Driver's License State _____ D.L. Number _____

Student ID # _____ School _____

Passport ID # _____ Country _____

Employee ID # _____ Company _____

Beneficiary _____

TransUnion Hawk Alert: _____ TransUnion OFAC Advisor: _____

Other _____

Agreement

By signing this Account Agreement Signature Card, each of the undersigned acknowledges receipt of and agrees to abide by the terms and conditions set forth in the accompanying Master Account Agreement and the Fee Schedule as amended from time to time. The Master Account Agreement and the Fee Schedule, as amended, constitutes the entire Agreement between the parties. The account ownership of the Share / Share Draft Account will be determined by the signatures shown below and may differ from the basic Account ownership set forth in the Master Account Agreement. There are merged herein all prior and collateral representations, promises, and conditions in connection with the subject matter hereof. Any representation, promise or condition not incorporated therein is unenforceable. No delay in enforcement of our rights under this Agreement will result in any loss of our rights or relieve you of any of your obligations. If any provision of this Agreement is deemed invalid, the rest of this Agreement will remain in full force and effect.

By signing below, you specifically authorize FAMILY SAVINGS CREDIT UNION to check your credit and employment history and make whatever inquiries necessary in the course of establishing the Account or reviewing its use.

Dated this _____ day of _____, _____.

(Instruction to Primary Account Owner: If you have been notified by the Internal Revenue Service (IRS) that you are subject to back-up withholding due to payee under reporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.)

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

I consent to allow _____

_____ and _____

to sign as joint owner (s) on this account.

Primary Account Owner Signature _____

FAMILY SAVINGS CREDIT UNION

DEALER LIEN ASSIGNMENT

Contract Date: _____ Buyer: _____

For value received, the undersigned, ("SELLER"), hereby sells and transfers to Family Savings Credit Union, ("HOLDER") the motor vehicle retail installment contract ("CONTRACT") identified above, the security interest therein granted and all of SELLER's right, title and interest in and to the motor vehicle subject thereto and authorizes HOLDER to do every act and thing necessary to collect and discharge the obligations arising out of or incident to the CONTRACT and this Assignment.

SELLER warrants that the CONTRACT is genuine, legally valid and enforceable in all respects in accordance with its terms and arose from the sale of the motor vehicle described therein: that all statements of fact therein are true; that the CONTRACT was complete in all respects and SELLER made all disclosures required by the State of Federal law prior to the execution thereof by BUYER; that BUYER has capacity to enter into the CONTRACT; and that the SELLER has complied in all respects with all applicable provisions of the Consumer Credit Code of Georgia and the Federal Truth-in-Lending Act.

If there is any breach of any of the foregoing warranties, without regard to SELLER's knowledge or lack of knowledge thereof of HOLDER's reliance thereon, SELLER unconditionally agrees to purchase the CONTRACT from the HOLDER upon demand for the full amount then unpaid together with all costs and expenses incurred by HOLDER in connection therewith, whether the CONTRACT shall then be in default or not. SELLER further agrees that if BUYER or any other person makes claim against the HOLDER alleging facts which, if true, would constitute a breach of any of the foregoing warranties, SELLER will assume the defense of such claim or claims through an attorney or attorneys chosen or approved in writing by HOLDER and shall indemnify and save HOLDER harmless from all loss, cost and expenses arising there from including, but not limited to, reasonable attorney's fees.

This assignment is made under the terms of the Dealer Agreement, if any, in effect at the time of this Assignment and the terms of this Assignment are hereby incorporated into such dealer Agreement, if any, and shall be made part thereof for all purposes.

WITH RECOURSE

SELLER absolutely and unconditionally guarantees the prompt payment as and when due (whether at maturity or by acceleration) of the unpaid balance of the Total of Payments provided in the CONTRACT (after deducting the unearned finance charge) together with all costs, expenses and reasonable attorney's fees incurred in the collection of said amount. SELLER waives all defenses arising by reason of any failure to give notice of acceptance of this guaranty of default of or arising by reason of any extension of time given to BUYER, or by reason of any failure by SELLER to pursue BUYER or the collateral or other property of BUYER or the collateral or other property of BUYER or to resort to other security or remedies which may be available, and SELLER hereby waives any and all defenses arising out of the guarantor relationship.

DATED: _____

SELLER

BY: _____
TITLE

WITHOUT RECOURSE

The foregoing Assignment is made without recourse except for breach of the warranties stated in this Assignment.

DATED: _____

SELLER

BY: _____
TITLE

FAMILY SAVINGS CREDIT UNION

SUPPLEMENTAL INSURANCE PROVISIONS

Borrower Name _____
Address _____
City, State, Zip _____

Name of Insured if other than Borrower _____

Property Description:
Year _____ Make _____ Model _____
VIN _____

The terms of your loan/lease agreement require that you obtain comprehensive and collision (physical damage) insurance against loss or damage (subject to a maximum deductible of \$1,000.00) on the personal property that is securing your loan or that is the subject of your lease ("collateral") in an amount sufficient to cover the lienholder's interest in the collateral. This coverage is commonly referred to as comprehensive and collision insurance. You may obtain the insurance from any agent or company of your choice, subject to our reasonable approval. Please instruct your insurance agent to send a copy of the insurance policy, including an appropriate loss payable clause endorsement naming the credit union as the lienholder/loss payee, to:

Family Savings Credit Union
711 East Meighan Blvd
Gadsden, AL 35903

Please complete the following insurance information:

Insurance Company Name _____
Agent Name _____
Telephone Number _____
Address _____
City, State, Zip _____
Policy Number _____
Comp Deductible \$ _____
Coll Deductible \$ _____

WARNING: Unless you provide us with evidence of insurance coverage required by your loan/lease agreement with us, we may purchase insurance at your expense to protect our interest in your collateral. This insurance may, but not need, also protect your interest. If the collateral becomes damaged, the coverage that we purchase may not pay any claim that you make or any claim that is made against you in connection with the collateral. You may later cancel any insurance purchased by us, but only after providing us with the evidence that you have obtained acceptable insurance coverage elsewhere as required by your loan/lease agreement with us. If we purchase insurance for the collateral, you will be responsible for the costs of that insurance, including the insurance premium, interest or lease charges and any other charges, including tracking and administrative costs and commissions, we may impose in connection with the placement of the insurance, until the effective date of the cancellation or expiration of the insurance. The effective date of coverage may be the date your prior coverage lapsed or the date you failed to provide proof of acceptable insurance. The costs of the insurance, and finance charges thereon, may be added to your total outstanding balance or obligation and the number and/or amount of your periodic payments may be increased to cover such premium charges. If the costs of the insurance or any other charges imposed in connection with the placement of the insurance are added to your outstanding balance or obligation, the interest rate/lease charge on your underlying loan/lease agreement with us will apply to these added amounts. The costs of the insurance may be considerably more than the costs of insurance you may be able to obtain on your own. The coverage will not be liability insurance and will not satisfy any need for the property damage liability coverage or your obligations under any state's mandatory liability, financial responsibility or no fault laws. See the Security Agreement for additional information. You hereby authorize the credit union to provide its insurance service center with the necessary information for verification of adequate coverage. The terms of these Supplemental Insurance Provisions are hereby made a part of your loan/lease agreement and are binding upon you with the same effect as if they were set forth in such loan/lease agreement. You acknowledge that you have read and agree to the foregoing.

Borrower's Signature _____ Date _____

LETTER OF GUARANTEE

Customer Name _____

Year / Make _____

Model _____

VIN _____

I, _____ an authorized agent of _____
(Dealer Employee) (Dealership Name)

Do hereby acknowledge that it is our responsibility, upon full and complete funding by Family Savings Credit Union to guarantee proper delivery of a true and correct title and to insure there are no outstanding liens or encumbrances. All registration/title paperwork will be correctly signed on the above referenced vehicle and will reflect Family Savings Credit Union as lienholder. If Family Savings Credit Union does not receive said title within 30 days from the funding date covering the vehicle, we will immediately repurchase the contract for the title amount of the unpaid balance owed upon demand.

Authorized Agent Signature

Date



ALABAMA DEPARTMENT OF REVENUE
 MOTOR VEHICLE DIVISION
 www.revenue.alabama.gov/motorvehicle/forms.html
Power of Attorney

MVT 5-13
1/13

THIS FORM MAY
BE REPRODUCED

VEHICLE IDENTIFICATION NUMBER (VIN)*										YEAR	MAKE	MODEL
BODY TYPE					LICENSE PLATE NUMBER					STATE OF ISSUANCE		

Taxpayer Information	Representative(s): Hereby appoint(s) the following representative(s)
Taxpayer Name(s) and Address (Please Type or Print)	Name and Address (Please Type or Print)
	711 E Meighan Blvd Gadsden AL 35903
	Email Address** <u>LOANCLERK@FAMILYSAVINGSCU.COM</u>
	Telephone Number** (256) 543-9530
	Fax Number** (256) 543-9813

As my attorney-in-fact to sign my name and do all things necessary for the purpose(s) of:

- Title application, transfer or lien filing
 IFTA transaction(s)
 register and purchase license plate(s),
 other purpose, *describe:* TO CERTIFY ODOMETER READING

for my motor vehicle described above.

ACTS AUTHORIZED

The representative(s) is authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the matters described above. The authority does not include the power to receive refund checks or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR RESTRICTIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY:

Sworn to and subscribed before me on date above stated.

 NOTARY PUBLIC

 SIGNATURE OF TAXPAYER DATE

My commission expires:

 SIGNATURE OF TAXPAYER DATE

Signature of Appointee: ▶

 NOT VALID WITHOUT THIS SIGNATURE DATE

If a business firm or corporation is appointed, the signature shall be of an authorized representative of the firm who will perform as attorney-in-fact for the owner.

SPECIAL NOTICE: Any alterations or strikeovers shall void this Power of Attorney. Original signatures are required.

*All VINs for 1981 and subsequent year model vehicles that conform to federal anti-theft standards are required to have 17 digits/characters.
 ** Optional

**Addendum To Purchase Agreement and Automobile Loan Note
To Late Charge Provision
EFFECTIVE DATE: FEBRUARY 11, 2011**

This addendum is incorporated into and becomes a part of your Purchase Agreement and Automobile Loan Note Credit Agreement. Please keep this attached to your Purchase Agreement and Automobile Loan Note. This Addendum replaces, supplants and supersedes any and all Late Charge provisions that are contained in your Purchase Agreement and/or Automobile Loan Note as follows:

Late Charge: If a payment is more than 10 days late, you will be charged the greater of \$10.00 or 5% of the scheduled payment amount up to \$50.00.

Borrower 1

Borrower 2

DATE : _____

GEORGIA

REFERENCE LIST :

DATE _____

DEAR MEMBER: IN AN EFFORT TO KEEP YOUR APPLICATION AS UP TO DATE AS POSSIBLE, WE ASK THAT YOU PLEASE FILL OUT THIS REFERENCE SHEET SO THAT IT CAN BE ATTACHED TO YOUR FILE. YOU MAY USE FAMILY OR FRIENDS AS YOUR REFERENCES. THANK YOU FOR COMPLETING THIS FORM.

1. NAME _____
ADDRESS _____

PHONE (HOME OR CELL) _____

2. NAME _____
ADDRESS _____

PHONE (HOME OR CELL) _____

3. NAME _____
ADDRESS _____

PHONE (HOME OR CELL) _____



PAYOFF REQUEST FORM

Dealership Name _____

Dealer Phone number _____

Dealer Email address _____

Members Name _____

Year _____ Make _____ Model _____

VIN# _____

Number of Day's Requested: _____

Email to: Indirect@familysavingscu.com

I certify, by signing below, that I have received the member's consent to obtain payoff information from Family Savings Credit Union and have verified the accuracy of the search criteria entered. I acknowledge that the payoff information is provided to me for the sole purpose of facilitating a motor vehicle purchase. By receiving this information, I agree that it will not be used for marketing or any other purpose. I also agree to protect the security, confidentiality, and integrity of this information.

Dealer Representative's signature _____