



CICSA CO-OPERATIVE CREDIT UNION LTD.
 P O Box 1450, Grand Cayman KY1-1110, CAYMAN ISLANDS
 Telephone: 345-949-8415 Fax: 345-949-8910
 Email: Cashadvance@cicsacu.com.ky

CASH ADVANCE AGREEMENT & IRREVOCABLE AUTHORITY TO DEDUCT

Date: _____ Member Name: _____ Member Number: _____

Cell Phone #: _____ Work Phone #: _____ Email Address: _____

Mailing Address: _____ Physical Address: _____

Amount Requested	10% Fee	Total Amount	Next Pay Day (D/M/Y)

For value received I severally promise to pay the **CICSA CO-OPERATIVE CREDIT UNION LTD.** (Hereinafter referred to as the "Credit Union") the total amount noted above by salary deduction on or before my next pay date listed above.

I will authorize any person, body, or institution whether in the Cayman Islands or elsewhere employing me in the future, to deduct from the salary, income, wage or the like payable to me, such sums of money as The Credit Union of the Cayman Islands shall notify to you in writing, is owing by me to The Credit Union, in respect of the repayment of the principal and interest (10%) on a Cash Advance

If amount is not paid on said date by deduction, I promise to pay total amount over the counter on or before said date by cash or bank draft.

In case of any default as herein agreed, the above named severally promises to pay all fines imposed in accordance with the rules of The Credit Union, for failure to comply with this agreement together with all cost or expenses incurred in the collection of any sum due; also, if the holder hereof after default, shall place the above in the hands of an attorney-at-law for collections, to pay all costs incurred.

This authority to deduct is irrevocable and may not be amended, cancelled or withdrawn without the written consent of The Credit Union.

I give the Credit Union authorization to open or reactivate my savings 4. **Initial** _____

I give the Credit Union authorization to open or reactivate my savings for the Credit. **Initial** _____

I give the Credit Union authorization to allocate my funds to pay off my Cash Advance or I have completed a payroll allocation slip. **Initial** _____

I understand that I may be contacted by the Credit Union prior to the disbursement of the Cash Advance to increase my salary deduction and I will need to visit the Credit Union to do so. **Initial** _____

Signature

REQUIRED DOCUMENTS

- Completed Application Most Recent Pay Slip Employment Letter, no older than 1 month.
 Valid Driver's Licence or Passport

FOR CREDIT UNION USE ONLY

Received & Calculated:	Confirmation of Deduction:	Sav 4 Opened or Reactivated:	Posted By:	Verified By: