

# TRANSCORP CREDIT UNION CO-OP SOCIETY

... We fulfil DREAMS...

#60 Fifth Street, Barataria.

Telephone Nos: 674-6940/9991; 675-3053; Fax: 6747674

## TCU CONSENT CLAUSE

I/We warrant and confirm the information given herein is true and correct and I/We understand it is being used to determine My/Our credit responsibility. I/We further confirm that no information, which might affect Transcorp Credit Union Co-operative Society Limited in making a well informed decision in the overall loan process, has been withheld.

I/We hereby authorize and give consent to Transcorp Credit Union Co-operative Society Limited, in receiving and exchanging any financial and other information which it may have in its possession about Me/Us with any of its subsidiaries, agents, third party assignees, other financial institutions, Credit Bureaus or other persons of Corporation with whom I/We may have or propose to have financial dealings from time to time.

In addition, I/We also give Transcorp Credit Union Co-operative Society Limited, permission to obtain any credit report on my/our financial position from time to time throughout the duration of any loans being held with the organization. I/We indemnify the Transcorp Credit Union Co-operative Society Limited against any loss, claims, damages, liabilities, actions and proceedings, legal and or other expenses which may be directly and reasonably incurred as a consequence of the disclosure of the financial information.

**My/Our deposit account may be charged with the payment/s for any credit assessment accessed and I/We agree to pay your customary assessment fee.**

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Member's Name (BLOCK LETTERS)

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*Member's Signature*

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Co-Maker's Name (BLOCK LETTERS)

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Co-Maker's Signature

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Loans Officer's Name (BLOCK LETTERS)

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Loans Officer's Signature

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Member's Account #

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Members I.D/D.P#

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Transaction Consent Date