



MEMBER INFORMATION RELEASE

Welcome to BALANCE. We look forward to working with you to help you achieve your financial goals. At BALANCE, we protect the privacy of our clients. In some cases, however, our clients will request that we share details of their counseling session with their referring credit union in order to qualify for certain special programs. If you will need your information released to your credit union, please let your counselor know when you call for service. The BALANCE toll-free number is (888) 456-2227. **This release form is for the Workout Loan Program for San Diego County Credit Union®.**

Please let your counselor know you are calling for the "Workout Loan Program Counseling" for San Diego County Credit Union.

1. The information may be released to the following:

San Diego County Credit Union
Attn: Workout Loan Committee

By email to: balanceworkoutloan@sdccu.com

Primary Contacts: For Real Estate Loans: For Consumer Loans:
P) (877) 732-2848, ext. 3150 P) (877) 732-2848, ext. 3100
F) (877) 597-4665 F) (877) 597-2596

2. Counseling Program: Workout Loan Program Counseling (Please check all loan types under review for this member)

Credit Card(s) Unsecured Loan/Line(s) of Credit
Vehicle Loan(s) Real Estate/Mortgage Loan(s)

Description of workout:

Three horizontal lines for describing the workout.

Instructions: Please complete a budget counseling session with BALANCE for the San Diego County Credit Union Workout Loan program. Contact BALANCE to schedule an appointment at (888) 456-2227. (Note: if your phone numbers are provided, BALANCE will place a call to the you to discuss an appointment. However, it is important to note that the you are responsible for ensuring that an appointment is scheduled.) San Diego County Credit Union staff will explain the information needed to conduct the budgeting session including gathering information on income/expenses using the BALANCE Personal Financial Assessment form. The completed form along with this signed Member Release form will be provided to BALANCE by San Diego County Credit Union.

3. I/We authorize BALANCE to release information covered in my counseling session to my credit union. This information may include details of my/our income, expenses, current debts and action plan notes discussed and prepared by BALANCE.

Member Name (please print)

Member Phone (home) (work) (cell)

Member Current Address City ST

Member Signature Date

Joint Member Name (please print)

Joint Member Phone (home) (work) (cell)

Joint Member Current Address City ST

Joint Member Signature Date

Please email this completed form along with your Personal Financial Assessment to: BALANCE, Attention: Bridget Arroyo & Ray Easter: Email: balancemanager@balancepro.org, Fax: (415) 777-4065