

PERSONAL LOAN AFFIDAVIT



Box above is for UM office use only

Your Name

University of Miami I.D. #

Department Name

Mobile/Home Phone

New Address

Agreement:

I hereby agree to make payments via direct deposit each pay period from my earnings as an employee of the University of Miami to University Credit Union in repayment of my personal loan in the amount of \$_____. I acknowledge that I will receive detailed information about the loan terms, including the monthly payment amount, from University Credit Union before the disbursement of my loan proceeds.

In the event that I, for any reason, fail to repay this loan in full on time or discontinue payroll deduction or discontinue direct deposit of payroll, I hereby authorize the University of Miami to deduct the remainder of the money owed on the loan from my University of Miami pay, and to remit the same to University Credit Union in full repayment of the outstanding loan. I also understand that in the event of such a default, any balance repaid to University CU by the University of Miami will be added to my total taxable income and I will be responsible for relevant income taxes on that amount.

I further agree to repay any loan balance that may remain outstanding upon separation of my employment. This agreement does not preclude the University of Miami, and University Credit Union from taking other appropriate action to collect any balance due upon default, including failure to pay upon my separation from employment.

In addition, I acknowledge and affirm the following:

1. I am employed by the University of Miami.
2. I am a member in good standing of University Credit Union.
3. I am aware that I must complete and provide all documents required by the credit union.
4. I understand and acknowledge that this loan is an extension of credit and as such is subject to credit reporting and all applicable consumer credit laws and disclosures.
5. I understand that I must qualify under the guidelines set forth by the credit union and I may not qualify for the amount being requested.
6. I understand that upon any default, including my failure to pay the balance of the loan upon my separation from employment, University of Miami and/or University Credit Union reserve all rights, including the right to collect the balance from my pay, record any defaults as taxable income, refer the loan to a collection agency, file litigation against me, and/or report my default to credit bureaus.

Affiant (UM Employee/University CU member) Date _____

UM HR Witness Date _____

UM HR Authorization Amount Requested \$ _____