

CLIENT SERVICE AGREEMENT

PURPOSE

Your credit union is working with Inclusiv (“Inclusiv”) and Neighborhood Trust Financial Partners (“NTFP”) in the Pathways to Financial Empowerment program (“Pathways program”). The purpose of the Pathways program is to assist your credit union in providing you with financial counseling services. The goal of the Pathways program is to help you create and maintain a financial action plan for your financial stability and independence.

PARTICIPATION

I understand and agree that my credit union is offering me free financial counseling services through the Pathways program. I understand that my participation in the Pathways program is entirely voluntary and I may leave the Pathways program at any time. I may ask questions of my credit union regarding the Pathways program and my participation in it at any time. I understand that my credit union account and balance information may be accessed and used to support the delivery of free financial counseling services under the Pathways program.

CLIENT CONFIDENTIALITY

I understand that as part of the Pathways program, my credit union, Inclusiv and NTFP may have access to information about me and the financial counseling services provided to me for the purpose of evaluating and modifying the Pathways program. This information will not be sold or used for any commercial purpose. I understand that my information will be retained as part of the Pathways program for my future counseling sessions and will be used to improve the counseling services provided to me. I understand that this information, except for personally identifiable information, may be combined with information provided by other persons receiving counseling and used to analyze, modify and improve the Pathways program. I understand that I may stop receiving financial counseling services through the Pathways program at any time.

COMMUNICATIONS AND TEXT MESSAGING

I understand that my credit union will be communicating with me as part of the Pathways program to support me in following my financial action plan. I authorize my credit union to send me text messages or emails to remind me of upcoming appointments, update on financial recommendations, and other financial counseling related items. I understand that I will not receive these communications if I am no longer participating in the Pathways program.

AUTHORIZATION TO OBTAIN CREDIT REPORTS

I hereby authorize and instruct my credit union to obtain and review my credit report. Additionally, I authorize my credit union to obtain and review my credit report at additional times within the next 24 months so my credit union, Inclusiv and NTFP can evaluate the effectiveness of the counseling services and the Pathways program. I understand that my credit union will obtain these credit reports through what are known as “soft pulls” that will not have any adverse effect on my credit history, rating, or score. I understand that records of my credit report(s) and scores will be kept on file by the Pathways program for program evaluation purposes only.

CLIENT AGREEMENT

I have read this agreement, and I understand the information about the Pathways program. I agree to continue with the financial counseling sessions as part of the Pathways program.