



**SAVA STATE**  
Teachers Federal Credit Union

P.O. BOX 20001

SAVANNAH, GEORGIA 31404

(O) 912.358.4178 (F) 912.358.3164

## CLEARANCE ACKNOWLEDGEMENT

**Member Name:**

**Account Number:**

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\_\_\_\_\_

**Mailing Address:**

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Signatures on the appropriate line below is an acknowledgement and confirmation that upon clearance from Savannah State University; any vacation payout, sick time payout or income where applicable and lawful shall be applied to the loan balance of any and/or all balances to Savastate Teachers FCU upon termination or resignation from Savannah State University.

Upon clearance I also confirm that I will provide Savastate Teachers FCU with all forwarding contact information.

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\_\_\_\_\_

Member Signature

Date

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**Office Use:**

**Credit Union Official**

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Office Manager

Supervisory Committee Official