

Technical Services Special Project Request / Authorization

Date of Request: _____ Project #: _____
 Bid #: _____
 Credit Union Name: _____
 Contact Name: _____ Phone: _____
 Fax: _____

CU*Answers Contact: **Barb Kula** Phone: **616-285-5711 ext 245**
 Email: **bkula@cuanswers.com**

This document must be completed in order to authorize requests for special services, such as custom programming or database manipulation. For our self processing clients, this form must be completed to approve requests for on-site technical support visits for hardware or software upgrades, system configuration, and the like.

Part 1 - Request Details

Please describe the project request in detail, including any date requirements:

Programming for 1 new Regulation form

Part 2: Pricing Quote

*After researching the above request, we are pleased to quote the following costs for this project. Pricing and time estimates are valid only if approval is received on or before: **12 / 01 / 2010**.*

Description	Fee	Comments
Your Credit Reports & The Price you Pay for Credit	\$200.00	Generic Form (2 Pages)
Ongoing Maintenance Fee (Billed on November Invoice Starting 2011)	\$50.00	Flat Fee

Please fill out the below information before faxing back:

I would like the above form to print from the following area(s):

- Loan Side Only (MNLOAN Opt. 20)**
- Application Side Only (MNLOAN Opt 1)**
- Both LN and AP sides**

We have electronic forms Yes No

Quoted by: Barb Kula, CU*Answers

Part 3 - Authorization to Begin Work

Please review this information carefully, then sign and return a copy of this form indicating your approval of the terms and details specified. Work will not begin until we receive your signed approval. If you have any questions or wish to clarify any portion of the specification, please contact us at the number indicated above. Thank you and we look forward to working with you on this project!

The quotation and specifications for the project outlined above are approved.

Credit Union Representative: _____
 (please print)

Signature: _____

Credit Union Name and CU#: _____

Fax the signed copy back to fax # 616.285.1569