



MEMBER ACCOUNT #  FULL NAME

PHYSICAL ADDRESS: (HOUSE NUMBER)  (STREETNAME, ADDRESS & DISTRICT)

PHONE #  EMAIL ADDRESS

### LOAN DETAILS

LOAN TYPE & SUB   
(EX. AUTO, MORTGAGE, PERSONAL)

OUTSTANDING LOAN BALANCE: \$

MONTHLY PAYMENT AMOUNT: \$

### DEFERRAL REQUEST

REASON FOR DEFERRAL:

REDUCED INCOME

JOB LOSS

MEDICAL EMERGENCY

OTHER :

### REQUESTED DEFERRAL PERIOD

START DATE:

END DATE:

NUMBER OF PAYMENTS TO DEFER:

### CURRENT EMPLOYMENT STATUS & INCOME VERIFICATION

EMPLOYED

SELF-EMPLOYED

RETIRED

UNEMPLOYED

OTHER :

INCOME VERIFICATION ( IF CURRENTLY EMPLOYED/ SELF-EMPLOYED)

MONTHLY INCOME \$

SOURCE OF INCOME:



SUPPORTING DOCUMENTS ATTACHED

<input type="checkbox"/> JOB LETTER	<input type="checkbox"/> PAY STUBS
<input type="checkbox"/> BANK STATEMENTS	OTHER : <input type="text"/>

MEMBER AGREEMENT

I hereby request a deferral of loan payments as outlined above. I understand that deferring payments may extend the term of my loan, and interest will continue to accrue during the deferral period. I agree to provide any additional documentation required by the Credit Union to process this request.

MEMBER SIGNATURE:

DATE:

FOR CREDIT UNION  
USE ONLY

<input type="text"/>	<input type="text"/>
REQUEST RECEIVED BY	DATE RECEIVED
<input type="text"/>	<input type="text"/>
REVIEWED AND APPROVED BY	APPROVAL DATE

COMMENTS/NOTES