

## LOAN PAYMENT DEFERRAL REQUEST FORM

MEMBER ACCOUNT #	FULL NAME			
PHYSICAL ADDRESS: (HOUSE NUMBER)	(STREET NAME, 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:				
FINANCIAL HARDSHIP	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 \$				



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SUPPORTING DOCUMENTS ATTACHED					
JOB LETTER		PAY STUBS			
BANK STATE	MENTS	OTHER :			
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		CURRENT EMPLOYMENT			
	REQUE	ST RECEIVED BY	DATE RECEIVED		
	REVIEWED	AND APPROVED BY	APPROVAL DATE		
COMMENTS/NOTES					

INTERNAL USEONLY						
Is the member a Polit	cically Exposed Person:	Yes	No			
	NAME & SIGNATURE	ROLE	DATE			
Approved by Business Unit:						
Approved by Compliance:						
Officer Processing the Application:						