



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

JOB LETTER PAY STUBS

BANK STATEMENTS 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 STATUS	
REQUEST RECEIVED BY	DATE RECEIVED
REVIEWED AND APPROVED BY	APPROVAL DATE

COMMENTS/NOTES

INTERNAL USE ONLY

Is the member a Politically Exposed Person: Yes No

	NAME & SIGNATURE	ROLE	DATE
Approved by Business Unit:	<input type="text"/>		
Approved by Compliance:	<input type="text"/>		
Officer Processing the Application:	<input type="text"/>		