



TEXTTEL CREDIT UNION PANDEMIC RELIEF REQUEST

Date: _____ Account No: _____
First Name: _____ Last Name: _____

Contact: _____ Email Address: _____

I hereby acknowledge that this is a waiver of my regular loan payments **ONLY**, and does not include contributions towards **Shares, FIP, Medicaid and The TEXTTEL Credit Union Medical Plan**. I agree that the term of the loan/s may be extended accordingly.

I hereby request a **Waiver** of my loan installment/s for:-

- 1 month 2 months 3 months

REASON FOR WAIVER

- Loss Of Earning;
 OTHER (PLEASE INDICATE) _____

Please note that your request for deferral will be processed after you have submitted the following :

- One Form of Photo ID
- If loss of earnings, please provide letter from organization or payslip showing difference
- Small Business owners to provide registration certificate indicating type of business / Bank Statement

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

STATEMENT OF ACCOUNTS

Installments:

Shares: _____
Loan Balance: _____
Other Loan Balances: _____

- Start Date of Waiver: _____
 End Date of Waiver: _____
 New maturity Date of Loan/s: _____

TEXTEL CREDIT UNION PANDEMIC RELIEF REQUEST

At the meeting held on _____ the Credit Committee approved/ did not approve
the waiver request for member _____.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____