



## REQUEST FOR PAYMENT ARRANGEMENT

**Member Name:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_

**Reason:**      Reduced Income      Loss of Income      Other

**Employment status:**      Employed      Unemployed      Other

***If employed, please indicate:***      Full Time      Part Time

Household Income: \_\_\_\_\_

**Type of loan:** (Please select all that apply)

Auto Loan      MasterCard      Line of Credit      Summertime Loan      Holiday Loan

**Please provide a detail statement of your hardship:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date