



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

****Please allow 2 business days for your request to be reviewed***