



BANK EMPLOYEES CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

PAYMENT WAIVER/ DEFERRAL FORM

Member's Name: _____

Account number: _____

ID#: _____

Month(s) requested: _____ waiver deferral

_____ waiver deferral

Reason: _____

Support documents submitted: Yes No

Member's Signature: _____ Contact number: _____

Date: _____

For Official Use Only:

Loan Type/s: _____/_____

Loan Balance/s: Suffix _____/ Suffix _____

Contracted Payment/s: Suffix _____ Suffix _____

Total Contracted Monthly payments: _____

Date of last payment: _____ Amount paid: _____

Deferred Amount: _____

Approved by Name: _____ Signature: _____

Date: _____

CREDIT COMMITTEE RATIFICATION:

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____