

COVID-19 Financial Relief Application

f you are experiencing a financial hards	hip due to COVID-19,	and you feel you	u need loan paymer	nt assistance,
please submit the following application.	The deferral period is	90 days.		

Date	Account	Account Number			
Loan Type (Check all that apply):					
AutoPersonal LoanPersonal Line of Credit	Home Equity Line of Credit Home Equity Loan Mortgage	Other			
Additional financial relief shown bel and does not require a separate rec	•	application during the deferral timeframe			
 Reimbursement of Overdraf Funds (NSF) Fee.) 	t Fees (IE: Member Privilege Overdraft	Fee and Return Item Non-Sufficient			
 Reimbursement of Credit Ca 	ard late fees.				
using a foreign ATM Machir	Machine (ATM) fees: The \$1.25 fee that is waived. Note: A foreign ATM fee charmway www.americu.org/locations-atms for Am	narged by other financial institutions may			
I am having financial difficulties as a result of: (Check all options that apply)					
Unemployment	Business Failure	Other**			
Reduced income	Death of Spouse				
Illness	Military Service				
Medical Bills	Disability				



**Other:		
Please ex	xplain your financial hardship:	
Member N	Name (Print)	Coborrower Name (Print)
Member S	Signature	Coborrower Signature
processed		rly scheduled loan payments while your application is It may take up to 10 days from the receipt of all
Members	can submit this form at their loca	Financial Center or via the following channels:
Mail:	AmeriCU Credit Union Attn: Loan Workout and Red 1916 Black River Blvd. Rome, NY 13440	covery
Fax:	315.356.3324	
Email:	relief@AmeriCU.org	

