



Loan Modification Request

I, _____ (Member's Name), hereby request consideration for a modification of terms of my outstanding loan type(s):

Personal Auto Visa Credit Card

My request is due to the following reason(s):

Loss of Job
Name of former Employer _____
Date Last Employed _____

Reduced Income
From this Monthly Amount \$ _____ to \$ _____
 Permanent change, or
 Temporary reduction, until _____ (date)

Illness
Date Expected to Return to Work: _____

Other (please specify): _____

Member's Signature: _____ Date: _____

Phone: _____ Email: _____