



## COVID-19 Financial Hardship Support Waiver

### PERSONAL/BUSINESS INFORMATION

Customer Name OR Business Name		Account Number	
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TYPE	WAIVER AMOUNT	TRANSACTION DATE
<input type="checkbox"/> NSF / Insufficient Fund Fee		
<input type="checkbox"/> Early Withdrawal Penalty		
<input type="checkbox"/> ATM Fee		
<input type="checkbox"/> Credit Card Fee (Late Payment, Payment Return, Cash Advance, Balance Transfer, etc.)		

### CUSTOMER'S REASON OF WAIVER

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\*Must provide document(s) to prove the financial hardship due to the COVID-19

CUSTOMER NAME	SIGNATURE	DATE

### BR Use Only

### Branch Manager Comment

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BR	DATE	Prepared By	Approved By
		Name:	Name:
		Signature:	Signature:

### HQ Use Only

Date	Reviewed By	Name:	Signature:
	Approved By	Name:	Signature: