AERO SERVICES CREDIT UNION CO-OPERATIVE SOCIETY LTD
Waiver Form

To: Board of Directors Date: _____

I, _____

Employed with _____
apply for a waiver of my loan payment for:
Period: _____ **( ) No of months**

Purpose:_____

_____

_____
Signature of Member

***Loan wavier allowed once in (12) months for a maximum of 6 months**

FOR OFFICE USE ONLY

Account No: _____

Total Loan Payments $_____

Monthly ( ) Fortnightly ( )

Total Loan Balances : $_____ Share Balance: $ _____

Arrears: $_____

Waivers given within the past 12 months

Reason for wavier: 1. _____ Period Issued :_____

Reason for waiver: 2. _____ Period Issued :_____

Prepared By: _____ Date: _____
Customer Service Representative/Recoveries Clerk

Recommendations by Customer Service Representative/Recoveries Clerk:

_____

_____

_____

Reviewed By: _____ **Date:** _____
Recoveries Officer/Assistant Accountant

The loan wavier form has to be reviewed by the Recoveries Officer or Assistant Accountant to verify whether the member is NOT in arrears

Recommended by Recoveries/ Assistant Accountant:

_____

_____

_____

Recommended By: General Manager ( ) Credit Committee ( )

Recommendations by General Manager / Credit Committee

_____

_____

_____

Signature of Recommender : _____ Date: _____

Approved by BOD: _____ Date : _____

Payment Method:_____
(State if Any)

Waiver Fee Paid: Yes ( ) No ( )

Entered in Emortelle: Yes ( ) No ( )

Name: Date:_____