



Disaster Relief - Hardship Form

American National Bank

Western Bank

Name of Disaster

COVID-19

Date

Other

English

Spanish

First Name

MI

Last Name

Account Number

Navigator Address

Days Past Due **(Must be 30 days or less past due)**

Extension begins at current date. For example, if payment is due March 15th, the extension would be until June 15th.

Current Due Date

Number of Months Extended **(not to exceed 3)**

Temporary Mailing Address

Current Contact Phone Number

Email Address

Interest will continue to accrue and will not be forgiven

Accounts in **excess of 30 or 60 days past due**

Refer call to the collections department, where the account will be reviewed for further course of action

Questions

Has your employment been impacted by COVID-19

Yes

No

What is your request?

Partial Payment

How has it been affected?

Move your due date

Hours reduced?

Yes

No

A skip-a-pay or extension

Laid off?

Yes

No

Anticipated length of time?

Comments

Employee Taking Request

Extension

Consumer Collection

Date

Loan Operations

Date

Troubled Debt Restructure

Yes

No

*Supervisor will submit one batch each Thursday by 5:00PM