



Coronavirus (COVID-19) Member Impact Form

At Seasons Federal Credit Union, we stand prepared to assist members as needed while we all work together to lessen the impact of COVID-19 in our community. We understand that circumstances outside of our control negatively impact our members' lives and this is one of those times.

We are gathering information from members who have already been impacted or anticipate an impact in their ability to repay the Credit Union. We will use this information when working with you to create a repayment strategy.

Please provide the following information so our representatives can best assist you:

Full Name:	
Member Number:	
Loan/Share Number:	
Phone Number:	
Place of Employment and Address:	
Date of Last Pay:	
Anticipated Next Pay Date:	
Impact of COVID-19:	
Biggest Concern that SFCU can address:	

We are happy to assist you in keeping your account on track and help meet your needs.

Please type or print your Full Name: _____ **Date:** _____

To submit: email completed form to membersolutions@seasonsfcu.org

*By submitting this Member Impact Form does not guarantee a repayment strategy to pay for your loan. You must be approved by our Member Solutions team.