



TEMPORARY COVID-19 ARRANGEMENT FORM

(Please complete all information blocks [typed forms preferred])

Member Name:

Member Address:

Account Number:

Contact Telephone Number:

Current Repayment Amount:

Proposed Repayment Amount:

Current Repayment Frequency (W/F/M):

Proposed Repayment Frequency (W/F/M):

Period Required:

Date (From):

Date (To):

Reason for request:

(It is very important that you provide us with as much information as possible about your change in circumstances. Please also provide one of the following: letter from employer, proof of COVID-19 payment from social welfare or proof that the application has been made).

I am applying for a reduction in my loan repayment. I understand and acknowledge that the arrangement is a temporary arrangement, which if approved, commences and ends at the dates that will be specified in writing by Health Services Staffs Credit Union and will be facilitated by Health Services Staffs Credit Union for the reason specified. I further understand and acknowledge that my original Credit Agreement will be amended temporarily for the time period and will return to my original Credit Agreement on the date this temporary arrangement ends. I understand that this could result in an increased cost of credit and loan duration to the one originally set out in the Credit Agreement.

Please only return this form with the proof attached as requested above. Without it we shall be unable to process your application.

Please return to HSSCU by emailing this form to creditcontrol@hsscu.ie for review.

Registered Office:

5 High Street, Christchurch, Dublin 8, D08 X7T1.

tel: 01 6778648 lo call: 1890 677864 email: info@hsscu.ie

#putsUfirst

Health Services Staffs Credit Union Limited is regulated by the Central Bank of Ireland



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Make
Memories