



# AMGECU CREDIT UNION CO-OPERATIVE SOCIETY LTD WAIVER FORM

Date: \_\_\_\_\_

To: Secretary  
Credit Committee

I, \_\_\_\_\_  
employed with \_\_\_\_\_

apply for a waiver of my loan payment for:

( 1 ) Month or

\*( ) Fortnights or

\*( ) Weeks

\_\_\_\_\_  
*Signature of Member*

\* No more than 4 fortnights or 8 weeks allowed per year.

## FOR OFFICE USE ONLY

Account No: \_\_\_\_\_

Waivers already granted \_\_\_\_\_

Loan Payment \$ \_\_\_\_\_

Monthly  Fortnightly  Weekly

Loan Bal. \$ \_\_\_\_\_ Shares Bal. \$ \_\_\_\_\_

## CREDIT COMMITTEE

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Paid by: Cash  Cheque

Cheque No.: \_\_\_\_\_ Date: \_\_\_\_\_