

THE COMMERCE BANK
OF WASHINGTON

Servicemembers Civil Relief Act
Request for Relief Form

To: The Commerce Bank of Washington
SCRA SERVICING UNIT
Mail Code UT-BOB-1850
2160 South 3270 West
West Valley City, UT 84119

I, the servicemember (or the legal representative of the servicemember) whose name and signature appear below, hereby request benefits and protections under the Servicemembers Civil Relief Act for the loan, credit card, and deposit accounts identified below.

Name of Servicemember _____

Name of Servicemember's Spouse (if applicable) ¹ _____

Contact Phone Number _____

Contact Phone Number _____

Home Address _____

Home Address _____

City, State, ZIP _____

City, State, ZIP _____

Mailing Address _____

Mailing Address _____

(If different from Home Address)

(If different from Home Address)

City, State, ZIP _____

City, State, ZIP _____

Servicemembers's Agent under a Power of Attorney (if applicable)

Servicemember's Attorney (if applicable)

Contact Phone Number _____

Contact Phone Number _____

Best Address _____

Best Address _____

City, State, ZIP _____

City, State, ZIP _____

Note: The customer information above will not be used to update your bank account records. This information will be used solely for contact purposes associated with the Servicemembers Civil Relief Act.

Military Information

Branch of Service _____

Military Unit Number _____

Military Unit Name _____

Active Duty Start Date _____

Active Duty End Date _____

¹ If your spouse has accounts with The Commerce Bank of Washington solely in his/her name and you reside in a community property state (AZ, CA, ID, LA, NV, NM, WA, WI, AK) or Puerto Rico, those accounts may be eligible for SCRA relief. If you would like to determine if such accounts, if any, are SCRA-eligible, please provide the information requested. We will not use this information for any other purpose.



Servicemembers Civil Relief Act Request for Relief Form

Account Information (if you have more accounts, attach separate page):

Loan Number _____

Loan Number _____

Loan Number _____

Loan Number _____

Credit Card Number _____

Credit Card Number _____

Credit Card Number _____

Credit Card Number _____

Deposit Acct Number _____

Deposit Acct Number _____

Deposit Acct Number _____

Deposit Acct Number _____

I certify that I am the servicemember identified above and that I and/or my spouse is, as applicable, a borrower or signer on each loan, credit card, or deposit account identified above. I also certify that any loan account identified above was opened before I entered active duty military service.

I request that cap the interest rate and fees on each identified loan and credit card account at 6% APR and lower the required monthly payment accordingly during the term of my active duty military service plus an additional period of: (a) 12 months for any loan account secured by real property or (b) 6 months for any credit card account or loan account not secured by real property. I further request that waive all Nonsufficient Funds (NSF) and Continuing Overdraft fees charged on any deposit account identified above during the term of my active duty military service. I further request that determine if any loan, credit card, or deposit account identified above is eligible for reimbursement of interest or fees.

I agree that if my Active Duty End Date changes, I will provide with proof of such change so that may change my SCRA benefit period(s) accordingly.

I have enclosed a copy of my orders (and any amendments) calling me to active duty military service, as required by the Servicemembers Civil Relief Act.

If I am making a request for SCRA relief as the legal representative of the servicemember identified below, I certify that I am authorized by the servicemember to make such a request and to communicate with on all matters relating to the request.

SERVICEMEMBER

LEGAL REPRESENTATIVE OF SERVICEMEMBER

_____ (signature)

_____ (signature)

_____ (printed name)

_____ (printed name)

_____ (Date)

_____ (Date)

Please return the Servicemembers Civil Relief Act Request for Relief Form, the Servicemembers Civil Relief Act Reimbursement Consent Form, and a copy of your active duty military orders (and any amendments) to one of the following addresses:

If by U.S. Mail:

If by Email Attachment:

SCRA Servicing Unit
Mail Code UT-BOB-1850
2160 South 3270 West
West Valley City, UT 84119

SCRAunit@zionsbancorp.com

