

Servicemembers Civil Relief Act Request for Relief Form

To: Amegy Bank

SCRA Servicing Unit Mail Code UT ZTC 1850

7860 South Bingham Junction Blvd.

Midvale, UT 84047

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 (SCRA) 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(If different from Home Address)	Mailing Address(If different from Home Address)
City, State, ZIP	City, State, ZIP
Servicemember's Agent under a Power of Attorney (if applicable)	Servicemember's Attorney (if applicable)
Contract Phone Number	Contract Phone Number
Best Address	Best Address
City, State, ZIP	City, State, ZIP
Military Information	
Branch of Service	Military Unit Number
Military Unit Name	
Active Duty Start Date	Active Duty End Date

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.

^{1.} If your spouse has accounts with Amegy Bank ("the Bank") solely in their 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 the Bank to determine if such accounts, if any, are SCRA-eligible, please provide the information requested. We will not use this information for any other purposes.



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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 that I and/or my spouse is, as applicable, a borrower or signer on each loan, tify that any loan account identified above was opened before I entered active
the required monthly payment accordingly during the term any loan account secured by real property or (b) 6 months request that the Bank waive all NSF fees charged on any	ate and fees on each identified loan and credit card account at 6% APR and lower in of my active duty military service, plus an additional period of: (a) 12 months for its for any credit card account of loan account not secured by real property. I further deposit account identified above during the term of my active duty military ban, credit card, or deposit account identified above is eligible for reimbursement
I agree that if my active duty end date changes, I will provaccordingly.	vide the Bank with proof of such change to update my SCRA benefit period(s)
I have enclosed a copy of my orders (and any amendmer Civil Relief Act.	nts) calling me to active duty military service, as required by the Servicemembers
	esentative of the servicemember identified below, I certify that I am authorized by unicate with the Bank on all matters relating to the request.
SERVICEMEMBER:	LEGAL REPRESENTIVE OF SERVICEMEMBER:
Signed	Signed
Printed Name	Printed Name
Date	Date

Note: Please return the Servicemembers Civil Relief Act Request for Relief Form, the Servicemembers Civil Relief Act Reimbursement Consent Form, and a copy of (i) your active duty military orders, with any amendments or (ii) any other appropriate indicator of military service, including a certified letter from a commanding officer, to any branch or to one of the following addresses:

By U.S. Mail:

By Email Attachment:

SCRA Servicing Unit Mail Code UT ZTC 1850 7860 South Bingham Junction Blvd Midvale, UT 84047

SCRAunit@zionsbancorp.com:

