

# SERVICEMEMBERS CIVIL RELIEF ACT



SERVICEMEMBER NAME		SOCIAL SECURITY / TAX IDENTIFICATION NUMBER		PHONE NUMBER	
ADDRESS		CITY		STATE	ZIP
DATE ORDERED TO ACTIVE DUTY / DATE OF RECEIPT OF ACTIVE DUTY ORDERS			ACTIVE DUTY END DATE		
<b>Attach the copy of the military orders calling you to active military duty and any orders further extending your military service.</b>					
LOAN AND VISA ACCOUNTS (List all, including those held jointly with others.)					
<b>I certify that I am an active servicemember of the military service and wish to invoke my rights to the 6% maximum interest rate for the accounts listed above as allowed under the Servicemembers Civil Relief Act.</b>					
SIGNATURE OF SERVICEMEMBER / AGENT				DATE	
<b>Legal Representative / Attorney-In-Fact Name</b>					
<b>Attach documentation of appointment and/or certified power of attorney.</b>					
NAME				PHONE	
ADDRESS		CITY		STATE	ZIP

If form is not submitted electronically, please return completed and signed form to:

BECU, M/S 1080-2 PO Box 97050 Seattle, WA 98124-9750  
Or fax to 206.805.2247