THE COMMERCE BANK

OF OREGON

Servicemembers Civil Relief Act Reimbursement Consent Form

To: The Commerce Bank of Oregon SCRA SERVICING UNIT Mail Code UT-ZTC-1850 7860 South Bingham Junction Blvd. Midvale, UT 84047

For Loans

I request reimbursement of any interest above 6%, or fees that the Bank determines are reimbursable, on my accounts as permitted under the Servicemembers Civil Relief Act. I elect for any amounts to be reimbursed to my accounts as indicated below:

For Deposit Accounts or Safe Deposit Boxes

Ο	Principal Reduction	Ο	Credit to Deposit Account	
Ο	Apply Towards Monthly Payment	Ο	Issue Check and Mail to Me	
Ο	Issue Check and Mail to Me			
applicable manner in are not all deposit a	imbursement amounts may include any interest above 6% or fee, to your loan(s) or deposit account(s). For loan accounts, if youndicated above (i.e. account is closed or restricted), we will mail you a chocount, we will credit that account. The count is chock is mailed to you, please indicate the address to send	i select a reir you a check. eck; howeve	nbursement option that cannot be applied in the For deposit accounts, if this form is not received or we	
Mailing Address:		Phone Number:		
City, State, Zip:			Email Address:	
purposes	e customer information above will not be used to update your bar associated with the Servicemembers Civil Relief Act. Once we ement under SCRA, we will notify you.			
Date		Date		
Printed Name		Printed N	Printed Name	
Signature	9	Signature	9	

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 one of the following addresses:

SCRA Servicing Unit Mail Code UT-ZTC-1850 7860 South Bingham Junction Blvd. Midvale, UT 84047 SCRAunit@zionsbancorp.com

