

Date:

Account Number:

Member's Name:

Credit Union:

Reason for Storage:

Location of collateral:

The following security, \_\_\_\_\_, which is being held as collateral on the above loan will be in storage for the period from \_\_\_\_\_ to \_\_\_\_\_.

**I understand that I am required to carry comprehensive coverage while the collateral is in storage.**

I also understand that as of the expiration of this storage period, I will be required to provide the credit union with proof of full coverage.

If the vehicle is still in storage at the time of expiration, I will be required to fill out a new storage form.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Maker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Approval at C.U.

\_\_\_\_\_  
Date