Disaster Status Report by Credit Union

1. Name of the credit union: _____

2. Name of the person providing report: _____

3. Main Office: _____

Normal Power	☐ Yes	☐ No
Generator	☐ Yes	☐ No
Normal Communications	☐ Yes	☐ No
Computer System	☐ Yes	☐ No
Home Banking Operational	☐ Yes	☐ No

Building Status _____

Hours of operation: ☐ Normal   ☐ Shortened

If shortened, please state hours of operation.

6. Are all of your branches operational?   ☐ Yes   ☐ No

If not, list the complete address(es) of affected branches and if they are providing any services.

7. Are all of your ATMs operational?   ☐ Yes   No   ☐

  If not, list the complete address(es) of affected ATMs.

8. Employees' status:

9. How can SDCC assist you?

**Click circle below to submit form
electronically using Internet Explorer or save
and email to CUStatus@lscu.coop**