

# 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](mailto:CUStatus@lscu.coop)