



Disaster Status Report

1. League Contact: _____

2. Name of the credit union: _____

3. Name of the person providing report: _____

4. Date and time of communication: _____

5. 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 the League assist you?