

Entry #: 5

Date Submitted: 3/31/2020 9:51 AM

Preparer Information

Restructure Prepared by
Test Test

Preparer Email
Test@test.com

Restructure or Renewal
Renewal

Contractor Loan
No

Renewal Memo

Date Drafted
3/31/2020

Client Profile

Do you have an address or contact information correction to make
No

Client Name
Test Test

Client Address
Test, Test, Missouri 63130

Client Email
test@test.com

Client Cell Phone
(314) 314-3144

Name of Client Business:
Test LLC

Loan Information

Loan 1

Loan Portfolio
Great Rivers Community Capital

Loan #
Test

Original Loan Officer
Baker, Cait

Original Monthly Payment
\$1.00

Date Loan Originated
3/31/2020

Original Loan Amount
\$1.00

Original Interest Rate:
1.00%

Original Terms (Months)
1

Delinquency Information

Outstanding Loan Balance
\$1.00

Delinquency: # of Days past due
1

Past Due Amount:
\$1.00

Loan Fund
Test Fund

—

Last Payment Date
3/31/2020

Last Payment Amount
\$1.00

Previous Renewal
No

Renewal Terms

Amount Outstanding
1

Renewal Amount
\$1.00

Renewal Fee Rate
0.00%

Renewal Fees
\$0.00

Other Fees
\$0.00

Total Loan Amount for Renewal
\$1.00

Notes
COVID Test Restructure

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Method of Payment
ACH Checking

Due Date
15th

Interest Rate
1.00%

Terms: # of Months
1

Monthly Payment
\$1.00

Effective Date of 1st Payment
3/31/2020

New Maturity Date
3/31/2020

Loan is collateralized
No

Presented to Underwriting

Presented to Underwriting
Yes

Correct Post Underwriting
Yes

Reviewed & Confirmed by:
Test Test

Underwriting Committee Approval

Date of Meeting
4/1/2020

Signer
Richardson, Aida

Robert Boyle



Sheri Flanigan-Vazquez



Aida Richardson



Troubled Debt Restructure
No

Prepared for Client
Yes

Client Signature

Signature

Date
3/31/2020



Payment Method
ACH Checking

ACH Authorization Form

Customer
Test Test

Current Address
Test, Test, Missouri 63130

Telephone
(314) 314-3144

Authorization Respecting Preauthorized Debits Initiated by Justine PETERSEN

I hereby authorize Justine Petersen to initiate debit entries to my bank account listed below. I agree that the amount required to keep my loan current as disclosed in my promissory note(s), and amortization schedule(s) shall be debited. A debit will occur according to the criteria selected above. I understand that the process is done manually and will be processed as close as possible to the requested time, but is not guaranteed. **This authority will remain in full force and effect until Justine Petersen Accounts Payable receives written notification from me of its termination and in such manner as to afford Justine Petersen Accounting a reasonable opportunity to act on it which will be a minimum of 3 business days between the hours of 9am-5pm. I agree that this agreement may terminate if my account should lack sufficient funds for payment or should it be in other than good standing. I understand that it is my responsibility to review my account for accuracy and to contact Justine Petersen with any changes, corrections immediately.**

I hereby authorize my bank to honor all debits initiated through Justine Petersen.

Name of Bank
Test

Account Type

Checking
True

Savings
False

Withdrawal Date
15th

Amount:
\$1.00

Start Date
3/31/2020

Bank Account #
Test

ABA Routine (Routing) #
Test

Signature

Date

3/31/2020

A thick, black, handwritten signature that starts with a curved stroke on the left and ends with a horizontal line on the right.

Option to upload a picture of a voided check