



## COVID-19 Loan Extension Application

Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Reason for loan extension: \_\_\_\_\_

Loan #: \_\_\_\_\_ Loan type: \_\_\_\_\_  
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Please defer my payments for 30 days \_\_\_\_\_ 60 days \_\_\_\_\_

Please defer payments for the loan(s) indicated on this request. I/we understand that; 1) Additional interest accrued during the extension period will be paid before any payments to principal when the next payment is made; 2) In order to be eligible to participate in this program that the indicated loans must be current and in good standing; 3) I/we continue to be responsible for the entire outstanding principal and interest and will be responsible to make the scheduled payments after the original maturity date until all principal and interest is paid in full; 4) First payment on the loan must have been made; 5) The pledge of security will remain in effect until the loan is fully repaid; 6) Any credit life and/or credit disability insurance on your loan will not extend beyond the original maturity date of the loan (s); 7) Loans being paid by CUNA disability claims are not eligible to be deferred; 8) A deferred loan payment may affect any GAP insurance claim on insured vehicle loans; 9) This offer applies to consumer vehicle, personal, share secured, credit boost, 2<sup>nd</sup> mortgage and home equity loans; 10) All members obligated on the loan(s) must consent to this extension. Federally insured by NCUA. Credit Union NMLS#565406.

X \_\_\_\_\_  
 Borrower 1 Date

X \_\_\_\_\_  
 Co-Borrower/ Co-Signer Date

\_\_\_\_\_  
 \_\_\_\_\_  
 Credit Union Authorization Date

