



COVID-19 Loan Extension Application

Name: _____
 Account Number: _____
 Phone Number: _____
 Email: _____
 Reason for loan extension: _____

Loan #: _____ Loan type: _____
 Loan #: _____ Loan type: _____
 Loan #: _____ Loan type: _____
 Loan #: _____ Loan type: _____

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, 2nd 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

