



# CV19 Crisis Loan Payment Extension Agreement

Primary Borrower \_\_\_\_\_

Co-Borrower/Co-Signer/Guarantor \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you currently experiencing an interruption in income due the CV19 crisis? \_\_\_\_\_

Please indicate which loan you want to advance payment dates on?

<b>Account and Loan Number</b>					
<b>Loan Type:</b> (circle one) Auto Unsecured/Personal Real Estate Secured VISA Business Other _____					
<b>Payments to Advance</b> (circle one) 1		2	3	<b>Current Due Date</b>	<b>Next Due Date</b>

By signing below, you acknowledge the following:

- 1.) The terms and conditions of my Loan Agreement will continue to apply apart from that there will not a be a regular monthly payment required for the selected number of months noted above. Thereafter, I/we must make our regular monthly or required minimum payments.
- 2.) Finance charges will continue to accrue during the deferral period.
- 3.) Deferral of my regular minimum or monthly payments may result in having to pay higher total finance charges;
- 4.) My request for a payment deferral will extend the terms of my loan(s) and I will have to make extra payments after my loan would have usually paid off.
- 5.) A skipped payment to my loan may not be covered by Mechanical Breakdown Insurance, Warranty of GAP coverage policies;
- 6.) I will notify Santa Cruz Community Credit Union if my financial status changes.
- 7.) Every Borrower, Co-Borrower, Co-Signer and Guarantor must sign this request form
- 8.) I agree to hold Santa Cruz Community Credit Union and its employees, officers, directors and agents harmless from and against any and all claims, actions, damages, costs and expenses (including attorney fees and related expenses) resulting from any aspect of this request.

Borrower Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Co-Borrower/Co-Signer/Guarantor Name \_\_\_\_\_ Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Notes:

  
  
  

Received By: \_\_\_\_\_ Input By: \_\_\_\_\_

Please retain a copy of this document for your records.