

Trona Valley Credit Union Loan Payment Deferral Form

Name _____

Account # _____

Address _____

Phone # _____

Present Employment _____

Phone # _____

Month(s): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Requested Loan Payment(s) Deferral:

Loan # _____	Loan # _____	Loan # _____
Payment Amt \$ _____	Payment Amt \$ _____	Payment Amt \$ _____
Frequency _____	Frequency _____	Frequency _____
Ttl Amt Deferred \$ _____	Ttl Amt Deferred \$ _____	Ttl Amt Deferred \$ _____
Due Date _____	Due Date _____	Due Date _____

Detailed Reason for Request:

References:

Name _____	Address _____	Phone Number _____
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Name _____	Address _____	Phone Number _____
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Please postpone the loan payment(s) specified. I/We understand the postponed payment will change the original loan payoff date. I/We further understand that the postponed payment will be added to the end of the loan and will not affect the payment record. Interest will continue to be calculated on the outstanding loan balance. If loan payments are being paid by disability insurance, a postponement will not be granted. The Credit Union reserves the right to deny any request for postponement.

Member Signature _____

Date _____

Cosigner/Co-maker Signature _____

Date _____

Request Approved: Yes No

Manager/Underwriter _____

Date _____

<u>For Credit Union Use Only</u>		
Loan # _____	Loan # _____	Loan # _____
Principle Balance _____	Principle Balance _____	Principle Balance _____
# Deferrals _____	# Deferrals _____	# Deferrals _____
#15-30 Days Late _____	#15-30 Days Late _____	#15-30 Days Late _____
#31-60 Days Late _____	#31-60 Days Late _____	#31-60 Days Late _____
Interest Due \$ _____	Interest Due \$ _____	Interest Due \$ _____
Paid: _____ Yes _____ No	Paid: _____ Yes _____ No	Paid: _____ Yes _____ No