

# Loan Extension Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_ Loan suffix: \_\_\_\_\_

\_\_\_\_\_ Current due date: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ (30)(60)(90) \_\_\_\_ Days requested

Have you previously applied for an extension? Yes Date \_\_\_\_\_ No

Currently employed: YES NO

Source of future payments: \_\_\_\_\_

Reason for the extension: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Extension Agreement:

Space Coast Credit Union agrees to consider the member's request for payment extension provided this Application/Agreement is signed by all borrowers and an authorized Credit Union representative. If approved, member(s) agrees that:

- (1) Their Share Account may be charged to pay any unpaid interest and/or outstanding late charges,
- (2) If approved, any SCCU credit cards/lines of credit may be withdrawn,
- (3) Extended payment(s) will move to the end of the loan, and
- (4) Other than the deferment of the payment(s) request, no other terms or conditions of the original agreement have been changed or altered.

Mail or fax to Underwriting – PO Box 419001/Melbourne, FL 32941 or 321-725-5949

\*You will receive notification of the decision reached on your request.

## Borrower Signature(s):

\_\_\_\_\_  
Borrower Date Co-Borrower Date

\_\_\_\_\_  
Co-Maker Date Co-Maker Date

## For Credit Union use only

Application received by: \_\_\_\_\_ Branch: \_\_\_\_\_  
Date: \_\_\_\_\_

Authorized CU Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Approved: \_\_\_\_\_ Next Due Date: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Entered By: \_\_\_\_\_ Memo & Due Date Change: \_\_\_\_\_