



Banking that protects your future now.

Loan Extension Application

Upon completion, fax this form to (321) 723-4105

Date: _____
Account Number: _____
Address: _____
City, State and Zip: _____
Phone # (Home and Cell): _____

Primary Name: _____
Employer Name and Phone #: _____
Annual Income: _____
Joint Name: _____
Employer Name and Phone #: _____
Annual Income: _____

Choose Requested Days: 30 days 60 days 90 days

Detailed Reason for Extension Request: _____

Extension Agreement:

A Loan Extension is designed to assist members facing a short term financial hardship or emergency in maintaining their consumer loan or home equity loan in good standing. Space Coast Credit Union agrees to consider your request for a loan extension provided this form is completed and signed by **all** borrowers. By signing this form, you agree to the following terms:

- 1. You must already have made at least 12 payments on your loan.
- 2. No more than a total of 90 days will be extended within a twelve month period on any one loan.
- 3. Any credit card or line of credit associated with your membership **will** be closed.
- 4. Other than the deferment of payments, no other terms or conditions of the original agreement will be changed or altered.

Please allow 3-5 business days for consideration.

Primary Signature

Joint Signature

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|---|
| Authorized CU Signature: _____ Title: _____ Approved: _____ Next Due Date: _____ Rejected: _____ Date: _____ |
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