



P.O. Box 90010 Richmond, VA 23225-9010
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CREDIT CARD EXTENSION REQUEST - SPRING 2020 HARSHIP

Member Name:		Member #:
Last 8 Digits of Card #(s):		
Defer my payment due on:		
Reason for Request:		
Current Employer:		
Home Phone: ()		Work Phone: ()
<p>VACU EXTENSION REQUIREMENTS:</p> <ul style="list-style-type: none"> • Term of the extension is 2 statement cycles .Your next payment will be due the 23rd of the following month. • The account must be current (not past due). • Extensions are not allowed for new cards that have less than 30 days old. • Request(s) must be received at least 5 (five) business days prior to the next due date to allow time for adjustment. • VACU reserves the right to refuse to grant an extension in VACU's sole and absolute discretion. 		

By signing below I attest that I have read and understand VACU’s Extension Requirements. I understand that the extension period is not in effect until the request is received and approved by VACU’s Card Services Department. I understand I will receive a decision in writing. I understand that the only change in terms for an extension is that the next date my payment is due will be extended. All other terms and conditions defined in my Credit Card Agreement are and will remain in force.

If you do not understand any part of this Loan Extension Request, do not sign this document.

Borrower's Signature		Date		
	Loan #	Due For	New Due Date	Method (check one)
VACU USE ONLY				<input type="checkbox"/> TM <input type="checkbox"/> CM <input type="checkbox"/> ACH
				<input type="checkbox"/> TM <input type="checkbox"/> CM <input type="checkbox"/> ACH
				<input type="checkbox"/> TM <input type="checkbox"/> CM <input type="checkbox"/> ACH
Authorized By:		Data Changed By:		
Branch Employee:		Date Form Sent:		

Card Services Department fax number (804) 323-2824

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