



P.O. Box 90010 Richmond, VA 23225-9010
 (804) 323-6000 (800) 285-5051 vacu.org

LOAN EXTENSION REQUEST – EQUITY SPRING 2020 HARDSHIP

Member Name:	Member #:
Loan #(s):	
Defer my payment due on:	
Payment Method (check one): <input type="checkbox"/> Payroll <input type="checkbox"/> Transfer <input type="checkbox"/> Cash/Check <input type="checkbox"/> ACH	
Reason for Request:	
Current Employer:	
Home Phone: ())	Work Phone: ())

VACU EXTENSION REQUIREMENTS:

- Term of the extension (60 days).
- The loan must be current (not past due).
- Extensions are not allowed for new loans that have had less than 1 monthly payment paid.
- Request(s) must be received at least 5 (five) business days prior to the next transfer date to allow time for adjustment.
- VACU reserves the right to refuse to grant an extension in VACU's sole and absolute discretion.
- If after 60 days you require additional financial help, please call us to discuss your options.

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 Collections Department. I understand I will receive a decision in writing. I further acknowledge and understand that extending a due date does not stop or prevent interest from continuing to accrue. 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 agreement below will remain in force.

Equity line-Home Equity Addendum, Credit Agreement Truth in Lending Disclosure, and Credit Line Deed of Trust.

Equity loan- Closing Disclosure, Note, and Deed of Trust

I understand that any additional payments (those beyond the original maturity date) resulting from the loan extension may not be covered by CUNA and that it is my responsibility to verify the impact of the loan extension on my CUNA coverage. *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:		

Collections Department fax number (804) 327-7337

Rev 03/20