

		Credit Union.
AUTO AND	PERSONAL LO	DAN EXTENSION REQUEST
Member Name:		Member #:
Loan #(s):		
Defer my payments due on:		
Payment Method(check one): Pa	yroll 🛘 Transfer 🗖	□ Cash/Check □ ACH
Reason for Request:		
Current Employer:	-	
Home Phone: ()	Work	ork Phone: ()
How will Extension Fee be paid: ☐ C	harge fee to loan	Deduct from Account #
 Extensions are not allowed for lines of equity loans. Request(s) must be received at least for adjustment. VACU reserves the right to refuse to 	lue). I month period. I al and auto loans. I bans that have had of credit, workout lo It 5 (five) business of	ad less than 9 monthly payments paid. loans, credit cards, mortgage loans, equity lines and s days prior to the next transfer/due date to allow time on in VACU's sole and absolute discretion.
extension period is not in effect until the Department. I understand I will receive a my due date is extended to a future date, period and thereafter. I understand that the payment is due will be extended. All other Disclosure Statement, Note and/or Loanlacknowledge and understand that request applicable, I understand that any additional helioan extension may not be covered by verify the impact of the loan extension on affect the claim amount covered by (GAP)	request is received decision in writing finance charges of the only change in terms and conditude an	VACU's Extension Requirements. I understand that the ived and approved by VACU's MS Resolution ing. I further acknowledge and understand that even if a continue to accrue daily for each day of the extended in terms for an extension is that the next date my ditions defined in my Loan and Security Agreements and eement Plan are and will remain in force. I further on may negatively impact decisions on new credit. If (those beyond the original maturity date) resulting from set Protection (GAP) and that it is my responsibility to ge. I acknowledge that the extension of the loan may that if I choose to add the processing fee to my loan, it itional interest accruing and may result in increased

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

Borrower's Signature (Written signatures only, digital signatures are not accepted)					Date
	Loan #	Due For	New Due Date		Method (check one)
VACU				☐ TM	□ CM □ ACH
USE				☐ TM	□ CM □ ACH
ONLY				☐ TM	□ CM □ ACH
	Authorized By:		Data Changed By:		
	Branch Employee:		Date Form Sent:		

Please fax or mail the completed form.

Fax: (804) 718-6905

total payments for my loan.

Mail to:

Virginia Credit Union P.O. Box 90010 Richmond, VA 23225-9010 ATTN: MS Resolution Department