



PO Box 2648
 Seal Beach, CA 90740
 888.732.2471
 ★★★★★
 www.seaairfcu.org

EXTENSION AGREEMENT ★★★★★

The undersigned

Borrower: _____

Date requested: _____

Co-Borrower: _____

Member #: _____

Address: _____

PLEASE CHECK ONE:

Auto Loan

Personal Loan

Mileage (Required):

I hereby request that my Note # _____ dated _____ in the original amount of \$ _____ and payable at \$ _____ each month starting _____, and which has an unpaid principle of \$ _____ be:

Reduced in payment to \$ _____ monthly effective with the _____ payment until _____.

Defer payment for a period of _____ month(s). Payment will commence with the _____ payment.

All other provisions of the original note except those changed by this agreement to remain in full force and effect.

The reason for the above request is: _____

x _____
 BORROWER SIGNATURE

x _____
 CO-BORROWER SIGNATURE

x _____
 CO-MAKER(S) SIGNATURE

***NOTE: Federal Disclosure Statement must be completed if payments are reduced.**

FEDERAL DISCLOSURE STATEMENT				
SECURITY FOR THIS LOAN		TOTAL AMOUNT FINANCED		\$
PAYMENTS (INCLUDING TOTAL AMOUNT FINANCED AND FINANCE CHARGES)				
NO MONTHLY PAYMENT	AMOUNT OF EACH PAYMENT	DATE FIRST PAYMENT DUE	FINANCE CHARGE <small>(WHEN LOAN PAID ACCORDING TO SCHEDULE)</small>	TOTAL PAYMENTS
	\$			
PAYMENT RESUME	\$	DATE PAYMENT RESUME	\$	\$
AGREED		ANNUAL PERCENTAGE RATE		
		% COMPUTED DAILY ON THE UNPAID PRINCIPLE BALANCE		
I ACKNOWLEDGE RECEIPT OF A COPY OF THIS STATEMENT.				

FOR OFFICE USE ONLY

Extension approved by the following Loan Officer, _____, on _____, 20____
