



Loan Deferment or Due Date Change Request

Complete the following information:

Name: _____ Member Number: _____ Loan ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Check if new address

Best Contact Number: _____ Best Email Address: _____

Employer Name: _____

Loan Type*

Unpaid Balance

** Visa Credit Card, Personal Line of Credit, Share Secured Loan, Equity Loan, Equity Line of Credit, mortgage loan and bankruptcy accounts are not eligible for deferments.*

Complete one of the following sections: (Due Date Change or Deferment Request)

1) Due Date Change:

Permission requested to change payment due date from _____ to _____
(Auto, Boat, RV, Personal, Shared Secured loan, Fixed Equity loans only)

Reason for due date change: _____

2) Deferment Request:

Permission requested to defer payment due on _____ (Payment due date).

Financial hardship / Reason for deferment request: _____

By signing this agreement, I/we understand that:

- A. Signed deferment and due date change request must be submitted for review and approval.
- B. I may be eligible for no more than 1 (one) deferment in any calendar year, excluding the annual December Holiday deferment.
- C. Interest continues to accrue on the unpaid principal.
- D. I/we authorize you to take the \$30.00 per loan deferment fee from Share ID _____.
 - i I/we understand if there are insufficient funds in the share account, a \$30.00 deferment fee will be added to my/our loan.
- E. If I/we have GAP insurance on my auto loan, GAP will not cover any deferred payments on my loan.
- F. Both borrower and co-borrower must sign the request.
- G. For due date change, I authorize to change future payment dates per my original "Authorization Agreement for Preauthorized (Incoming) ACH Loan Payments" request.

Borrower

Date

Co-Borrower

Date

Please return completed form by email to consumerlending@sactocu.org or fax: 916-560-6661