

RHODE ISLAND CREDIT UNION
LOAN EXTENSION AGREEMENT - COVID-19

Borrower:

Loan Account Number:

Co-Borrower:

Payment Amount: \$

Payment Frequency:

Next Due Date:

Employer's name:

Are you currently out of work?

If yes, last day of work:

Are you able to pay the interest currently due?

What is your financial hardship?

By signing below, you request a 3 month extension of all scheduled weekly, biweekly, semi-monthly or monthly loan payments due on your loan listed above. You understand that finance charges will continue to accrue at the rate provided in your original loan agreement. If you previously elected credit life and/or credit disability insurance, the insurance coverage will not be extended beyond the original maturity date. If you have Guaranteed Asset Protection (GAP), your coverage may be affected when payments are deferred. Except for the extension of the maturity date, all other terms and provisions of the original loan documents shall remain unchanged and in full force and effect. If you have recurring payments from another financial institution or through a bill payment service, you will have to cancel your payment(s).

Borrower Signature Date

Co-Borrower Signature (if applicable) Date