

RHODE ISLAND CREDIT UNION

LOAN EXTENSION AGREEMENT - COVID-19

SECOND REQUEST? ____ YES ____ NO

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:

Anticipated return to work date: _____

Are you able to pay the interest currently due?

What is your financial hardship? Please provide a brief explanation regarding how your income has been adversely impacted by the COVID-19 pandemic.

By signing below, you are requesting a

(Check One)

1 month 2 month 3 month extension of all scheduled weekly, biweekly, semi-monthly or monthly loan payments due on your loan listed above. If your loan extension request is approved, you understand (1) that finance charges will continue to accrue at the rate provided in your original loan agreement; (2) if you previously elected credit life and/or credit disability insurance, the insurance coverage will not be extended beyond the original maturity date; (3) if you have Guaranteed Asset Protection (GAP), your coverage may be affected when payments are deferred; (4) except for the extension of the maturity date, all other terms and provisions of the original loan documents will remain unchanged and in full force and effect; and (5) if you have recurring payments from another financial institution or through a bill payment service, you will have to cancel your payment(s).

For additional information, please call one of our employees in our Collections Department at (401) 751-7440, ext.491 or (401) 941-8870.

Borrower Signature

Date

Co-Borrower Signature (if applicable)

Date