



Emergency Relief Extension Request

If you make your payments via payroll deduction or direct deposit, the amount of your skipped payment will be deposited into your account. Your loan term will be extended by two months and this will increase the total interest you pay over the life of the loan.

Your regular payment will resume on ___/___/_____.

To request a Payment Extension, please complete the information below and fax to: (904) 296-8269 or mail to: Alive Credit Union Loan Dept., 9790 Touchton Road, Jacksonville, FL 32246. You may also drop it off at any Alive Credit Union location.

Yes, I want to request a 60-day payment extension. I have read and agree to the terms below. *(Members may only skip two payments during the life of the loan)*

Name: _____ Share Account Number: _____

Daytime Phone: _____ Loan ID (list all): _____

Signature _____ **Date** _____

By signing above, I authorize Alive Credit Union to extend my loan term by two months as I have specified above. I understand that interest will continue to accrue, and the term of my loan will be extended. Two skipped payment equals two monthly payments, four consecutive bi-weekly payments, or eight consecutive weekly payments. Required minimum monthly payment will resume beginning in the month immediately following the extension period and will continue as originally scheduled.

Warning - Skipping a payment and late payment fees will reduce the amount of a Guaranteed Asset Protection (GAP) claim. Please refer to your GAP policy for complete information.

FOR CREDIT UNION USE ONLY	
Branch Where Received _____	
Name of Employee Receiving _____	
Reason for Extension _____	
Loan Type _____	FM Date Completed _____
Credit Union <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Loan Officer _____