

## **DEFERMENT REQUEST FORM**

Account Number:	Loan ID:	
Reason for Deferment:		
Balance on Loan: \$	Original Balance: \$	
Applicant's Name:		
Co-Applicants Name:		
Street Address:		
City, State, and Zip:		
Home Phone:		
Work Phone:	Email:	
Applicants Explanation of Situation:		
Applicants Signature:	Date:	
Co-Applicants Signature:	Date:	



## **REFERENCES**

(References must be completed)

1)	Name:
	Address:
	Phone Numbers:
	Relationship:
2)	Name:
	Address:
	Phone Numbers:
	Relationship:



## AGREEMENT TO DEFER SCHEDULED PAYMENTS

Member Name:		Account Number:				
In this Agreement, the words I and We mean each and all of those who originally signed this Agreement. I (We) executed a Loan agreement dated with First Imperial Credit Union. I (We) now find it difficult to pay the scheduled payments(s) as agreed to in my original loan agreement with First Imperial Credit Union.						
Reason for reque	esting deferment of payments(s):					
Therefore, I (We	e) hereby request to defer Monthly pa	ayment (s) that is due for:				
I (We) will resur	me regular payment on:					
after the time that		eccrue at the rate provided for in my or deferred. In all other respects, the				
	☐ Open-End Loan: Unsecured Line of Credit					
	Closed-End Loan: This deferment on a closed-end loan will result in my having to pay a higher total finance charge than originally agreed upon. I will, therefore, have additional payments remaining after my loan would otherwise have been paid in full.					
Signatures:						
Borrower	Date	Co-Borrower	Date			
Print Name		Print Name				
	FOR CRE	EDIT UNION USE ONLY				
Approved By		Date				
Denied By		Date				
Processed by:		Date:				
New Due Date:	Loan	Loan Comments Entered:				