

**Payment Deferral Application**  
**Extension Agreement for Use Related to Impact from COVID-19**  
**National Emergency**

Qualifications:

- The request should be received within the loan 10-day grace period.
- The loan must not have previously been granted a skip payment or payment deferral within the last 90 days.
- This form may not be used for Real Estate or Home Equity loans. Please speak with the Loan Department for further information.
- Offer is subject to approval. Some restrictions apply.
- Fee waived through 5/31/20

Borrower Name: \_\_\_\_\_ Account # \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Co-Borrower Name; \_\_\_\_\_

Loan Number	Payment Amount	Month to Defer	\$15 Fee from Share Account or Share Draft Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please Note:**

**Interest will accrue on all loans affected by this program that may cause the maturity date on each loan to be extended. If there is a Co-Borrower on the loan, all parties must sign to be eligible. Deferring a loan payment may affect the amount of GAP insurance claims.**

**I, the undersigned member, have executed a note in favor of First Central Credit Union. If this extension is approved, I hereby agree to pay the balance remaining on this note, including interest, at the same rate as provided in the original note. All other provisions of the note, except those changed by this agreement, remain in full force and effect.**

\_\_\_\_\_  
Borrower's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's signature

\_\_\_\_\_  
Date

Complete this form and:  
 Mail to: First Central Credit Union, P.O Box 21809, Waco, Texas 76702 OR  
 Fax to: 254-741-2212 (Sanger); 254-420-4174 (Chapel); 254-867-1083 (Bellmead)  
 254-582-3285 (Hillsboro); 325-641-2613 (Brownwood)

**Office Use Only**

**Date Received** \_\_\_\_\_ **Reviewed By** \_\_\_\_\_ **Date** \_\_\_\_\_ **Decision** \_\_\_\_\_  
**Date Changes Done** \_\_\_\_\_ **Teller ID** \_\_\_\_\_