



Request for Loan Extension

Member Number _____

Member Name _____

Date _____

I hereby request for Savastate Federal Teacher’s Credit union to extend the loans listed below by one month. I desire an extension of my present terms for the following reason _____

	Loan Number	Loan Balance	Current Loan Due Date	Loan Payment Amount	Approved Due Date Completed by Credit Union
1.)					
2.)					
3.)					
4.)					
5.)					

I will resume monthly payments listed below after skipping one payment.

 Borrower Signature Date

 Co-Borrower Signature Date

 SavaState Credit Union Date

 Supervisory Committee Approval Date

Extension Calendar Year History (complete by Supervisory Committee)

	Type	Loan Number	Date Granted			Type	Loan Number	Date Granted
1.)					6.)			
2.)					7.)			
3.)					8.)			
4.)					9.)			
5.)					10.)			

