SECURITY SERVICE
FEDERAL CREDIT UNION

LOAN ACCT.NO.	_____
SHARE BALANCE	_____
LOAN BALANCE	_____
LOAN STATUS	_____

Loan Extension Agreement

I (We),_____, have executed a note (credit agreement) and have become obligated to repay **Security Service Federal Credit Union** the funds advanced to me (us) pursuant to that agreement, plus interest, and have an unpaid balance currently outstanding.

I am (We are) asking for a **ONE** month extension of time to repay this loan for the reason(s) indicated below. If this request is approved, I (we) agree to pay the balance remaining due on this note, plus interest, at the same rate and monthly payment amount as provided in the original note. I (we) understand that a $25 service fee will be assessed and due with our next monthly payment, all other provisions of the original note, except those changed by this agreement, will remain in full force and effect.

If you have purchased GAP Insurance please be advised that extensions may not be covered by GAP. Please consult your GAP agreement.

I (We) request this extension for the following reasons:

_____

_____

I (we) understand that if this request is not approved, the original payment schedule remains in effect and I (we) remain responsible for any payment(s) due. Also, I (we) understand that the approval of this request will prevent the approval of any additional extensions (or skip options) for the next 12 months.

By signing below, I (We) agree to the extension of the note described in the box above on the terms given and hereby waive all claims for exemption of liability as a result of said extension.

_____ _____
BORROWER DATE

_____ _____
CO-BORROWER/CO-SIGNER DATE

FOR CREDIT UNION USE ONLY

EXTENSION APPROVED ☐ DISAPPROVED ☐ COUNTEROFFER ☐

BY:_____ _____
SSFCU OFFICIAL DATE

COMMENTS :_____