



ACCOUNTABILITY. CREDIBILITY. TRUST.

Federally insured by NCUA

14316 National Highway SW
LaVale, Maryland 21502
Phone: 301.729.8015
Fax: 301.729.2147

www.act1stfcu.org

Dear Valued
Member-Owner:

Could You Use Some Extra Cash

for Christmas SHOPPING?

If your answer is YES, you might want to take advantage of our Holiday Extension Agreement Plan.

This plan will allow you to skip your loan payment(s) for the month of November. If this sounds like a great deal, simply complete the form on the back of this letter and return it to us along with the \$35.00 processing fee for each loan you plan to skip. The money you would normally use to make your monthly payment(s) can then be used for Christmas shopping. Loan payments eligible for deferment are those due between November 1 and November 30, 2019.

All signed agreements must be received at ACT 1st Federal Credit Union by **Thursday, October 31, 2019**. All borrowers and co-borrowers MUST sign the holiday agreement before it can be processed. We must receive one signed agreement for EACH loan you have with us. Additional forms are available at the Credit Union or can be mailed to you at your request. If you have payroll deduction, your loan payment will be deposited into your share account. This offer DOES NOT apply to Member Business Loans, Mortgage Loans, Student Loans, Home Equity Loans or ACT 1st Federal Credit Union VISA Credit Cards. Unfortunately, a holiday extension agreement will not be processed if you have any delinquent loan payments, delinquent credit card payments or pending credit insurance claims. Other restrictions apply.

NO EXTENSION AGREEMENT WILL BE ACCEPTED AFTER OCTOBER 31, 2019.

Please note that there is a \$35.00 processing fee that will NOT be applied to the principal or interest on your loan. Also, understand that interest will continue to accrue on your loan during this period. If you have credit insurance on your loan, an extension will not lengthen the term of your coverage. This Holiday Extension may further extend the term of your loan beyond the original maturity date.

If you have any questions about this program, please feel free to call 301-729-8015 and ask to speak with a Loan Officer. If you are ready to sign up for the plan, simply complete the form on the back of this letter and send it along with the required \$35.00 processing fee per loan you intend to skip. The entire staff at ACT 1st Federal Credit Union wishes you a joyous Holiday Season and a prosperous New Year.

Sincerely Yours,
Christie L. Clark
CEO/President

Note: If you have purchased the additional GAP insurance coverage, please be advised that deferred payments are not covered by GAP.

MSR USE

Date Received _____

MSR Initials _____

Amount Received _____

Holiday Extension AGREEMENT



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It is mutually agreed upon by ACT 1st Federal Credit Union and myself, that in consideration of payment of a \$35.00 processing fee, one monthly payment on **Account # _____**, **Suffix # _____** will be deferred for the month of November and the original term of the loan extended.

I understand that all extension agreements must be received at the Credit Union by **Thursday, October 31, 2019**, and that this offer **does not pertain to Member Business Loans, Mortgage Loans, Student Loans, Home Equity Loans or Credit Union VISA Credit Cards**. I further understand that an extension agreement cannot be processed if I have any delinquent loan payments, delinquent credit card payments or pending credit insurance claims and that other restrictions apply.

I understand that this \$35.00 fee will **NOT** be applied to the principal or interest on my loan. I also understand that interest will continue to accrue on my loan during this period. If I have credit insurance coverage on this loan, the premium will be added to the loan balance at the end of the month as usual. Finally, I understand that this Holiday Extension may further extend the term of my loan beyond the original maturity date.

I understand that GAP insurance (if applicable) does not cover this deferred payment and that the terms and provisions of the original note deem me/us responsible for the remaining balance of the loan.

Please sign agreeing to the terms. All co-borrowers must also sign. NOTE: Incomplete forms will not be processed. Some restrictions may apply.



BORROWER NAME

BORROWER SIGNATURE

DATE

CO-BORROWER NAME

CO-BORROWER SIGNATURE

DATE

Please select \$35.00 payment option:

Cash Payment Check Payment

Withdrawal From Account # _____

Checking Savings

Credit/Debit Card Payment

VISA MASTERCARD

Card # _____

Exp. Date _____ Security Code _____

CREDIT UNION USE ONLY

	DATE	INITIALS	Check Appropriate Payment Box		
Due Date (before) _____			<input type="checkbox"/> OTC	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly
Due Date (after) _____			<input type="checkbox"/> Transfer	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly
			<input type="checkbox"/> Payroll	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly
			<input type="checkbox"/> ACH	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly