



ACCOUNTABILITY. CREDIBILITY. TRUST.

Federally insured by NCUA

1313 National Highway
STE 7, PMB 326
LaVale, Maryland 21502
Phone: 301.729.8015
Fax: 301.729.2147

www.act1stfcu.org

HELLO SUMMER

Dear Valued Member-Owner:

Could You Use Some **EXTRA CASH** For *Summer Fun?*

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

This plan will allow you to skip your loan payment(s) for the month of June **OR** July **OR** August. 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 \$40.00 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 summer fun. Loan payments eligible for deferment are those due between June 1 – June 30, 2021 **OR** July 1 – July 31, 2021 **OR** August 1 - August 31, 2021.

All signed agreements must be received at ACT 1st Federal Credit Union by **Tuesday, August 31, 2021**. All borrowers and co-borrowers **MUST** sign the summer 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 on the Credit Union website. If you have payroll deduction, your loan payment(s) will be deposited into your share account. **This offer DOES NOT apply to Member Business Loans, Mortgage Loans, Home Equity Loans or ACT 1st FCU VISA Credit Cards.** Unfortunately, a summer extension agreement will not be processed if you have any delinquent loan payments, delinquent credit card payments or pending credit insurance claims. Other restrictions may apply.

NO EXTENSION AGREEMENTS WILL BE ACCEPTED AFTER AUGUST 31, 2021.

Please note that there is a \$40.00 processing fee that will **NOT** be applied to the principal or interest of 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 Summer 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 \$40.00 processing fee per loan you intend to skip. The entire staff at ACT 1st Federal Credit Union wishes you a joyous summer season.

Sincerely Yours,

Christie L. Clark
CEO/President

CREDIT UNION USE ONLY

Date Received _____

Credit Union Employee Initials _____

Amount Received _____

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

SPECIAL OFFER

SUMMER EXTENSION Agreement

It is mutually agreed upon that in consideration of payment to ACT 1st Federal Credit Union of a \$40.00 processing fee, one monthly payment on Member # _____, Loan Suffix # _____ will be deferred for the month of June **OR** July **OR** August and the original term of the loan extended.

All extension agreements must be received at the Credit Union by **Tuesday, August 31, 2021**. **This offer does not pertain to Member Business Loans, Mortgage Loans, Home Equity Loans or Credit Union VISA Credit Cards.** Unfortunately, an extension agreement cannot be processed if you have any delinquent loan payments, delinquent credit card payments or pending credit insurance claims. Other restrictions apply.

I understand that this \$40.00 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 Summer 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 below agreeing to the terms. All co-borrowers must also sign below.

NOTE: Incomplete forms will not be processed. Some restrictions may apply.


BORROWER NAME	CO-BORROWER NAME
BORROWER SIGNATURE	CO-BORROWER SIGNATURE
DATE	DATE

Please select \$40.00 payment option:

- Cash Payment
- Check Payment
- Withdrawal From Account # _____
 - Checking
 - Savings
- Credit/Debit Card Payment
 - Card # _____ Exp. Date _____ Security Code _____
 - VISA MasterCard

CREDIT UNION USE ONLY

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



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