# EMERALD CREDIT UNION

**Coronavirus Member Assistance Program**

If you are experiencing a financial hardship due to the Coronavirus Pandemic, please consider our Member Assistance Program. We can offer a 60-day extension on your Visa Credit Card payment, and a 90-day extension on your consumer and mortgage loan payments. To qualify: Must be a member in good standing, with no open bankruptcy, and no recent loss to Credit Union. Current delinquency will be reviewed on an individual basis.

**Borrower Name:** _____

**Joint Borrower/Co-Signer Name:** _____

**Last 3 Digits of Account Number:** _____

**Member Email Address:** _____

**Member Phone #:** _____

**I would like to request a 60-Day extension on my Visa Credit Card due date for the following loans due to hardship related to the Coronavirus :**

☐ Visa Credit Card

**I would like to request a 90-Day extension on my due date for the following loans due to hardship related to the Coronavirus :**

Loan Type (Check all that Apply):

☐ Auto #1          Year/Make/or Model: _____

☐ Auto #2          Year/Make/or Model: _____

☐ Motorcycle

☐ Personal/Signature

☐ Wish List

☐ HELOC (Home Equity Line of Credit)

☐ Mortgage*A Loan Modification Agreement will also need to be signed and notarized for mortgage extensions

☐ Other          Loan Type: _____

**Modification Agreement:**

**By signing below, you agree to amend the terms of your original agreement and to repay the entire unpaid balance plus interest per that original loan agreement. The terms of the orginal agreement, except those changed by this agreement, remain in effect. Payment protection premiums (if applicable) and interest will continue to accrue during the waived payment period. The loan maturity date will be extended and the final payment may be more than the amount of the final payment disclosed. In some cases, based on the size of your balance, the interest, which accrues, may be greater than the amount of your next regular payment. If you have a Total Loss Claim on your vehicle and have purchased Guaranteed Auto Protection (GAP) coverage, a modification may reduce your GAP coverage by the amount of your deferred monthly payment(s).**

Borrower Signature: _____          Date: _____

Joint Borrower/Co-signer Signature: _____          Date: _____

**For Credit Union Use Only:**

| | | |
|---|---|---|
| Loan Suffix: _____ | Original Due Date: _____ | New Due Date: _____ |
| Loan Suffix: _____ | Original Due Date: _____ | New Due Date: _____ |
| Loan Suffix: _____ | Original Due Date: _____ | New Due Date: _____ |
| Loan Suffix: _____ | Original Due Date: _____ | New Due Date: _____ |
| Loan Suffix: _____ | Original Due Date: _____ | New Due Date: _____ |
| Visa Credit Card: _____ | Original Due Date: _____ | New Due Date: _____ |
| Processed By: _____ | Date: _____ | Verified By: _____ |