



LOAN EXTENTION AGREEMENT

On _____ (Original loan date)

Name(s) _____

Co-Maker/Co-signer _____

Acct# _____ Suffix# _____ Note# _____ Orig.Loan Pmy.\$ _____

At an interest of _____ % with Westar Federal Credit Union.

Security or Collateral on loan _____

Now he/she requests that relief be given in the form of an extension of time.

It is therefore requested that either payments be skipped for the month(s) of

Or payments be reduced to \$ _____ for the _____ month(s)

Reason for hardship Extension:

Borrowers granted a loan extension will be presumed unable to qualify for additional credit for a period of 6 months. Requests for additional credit must be reviewed and approved by the President/CEO

Signature _____ Date _____

Co-maker/guarantor signature _____

OFFICE USE ONLY

Current loan balance \$ _____

Type of loan _____

Approved _____ Denied _____ Counteroffer _____

_____ Date _____
President/CEO