



**Dear Member:**

**This letter provides you with the information required by the credit union to determine your eligibility for a Payment Deferral.**

**To get started just complete the attached application. Return to the credit union, along with all item below that apply to your request.**

- Payment deferment application**
- Sign Subsequent Action Form**
- Short explanation of hardship**
- Proof of loss of Income (Letter from Employer, EDD Claim, Pre & Post COVID Paystubs)**

**Please return all documentation. Upon Credit Committee decision, you will be contacted by staff.**

**Thank you,**

**United Local Credit Union**

**Date: \_\_\_\_\_ Representative: \_\_\_\_\_**

**United Local Credit Union  
3650 E. Ashlan Avenue  
Fresno, CA 93726  
Phone: (559) 227-8329  
Fax: (559) 817-1900**

**If Loan is on AUTOMATIC payment, deferment forms MUST  
be returned 5 DAYS PRIOR to scheduled payment.**



# UNITED LOCAL CREDIT UNION

## PAYMENT DEFERMENT APPLICATION

FAX TO (559) 227-3728 OR (559) 227-7693

3650 E. Ashlan, Fresno, CA 93726  
 2033 W. Bullard Ave., Fresno, CA 93711

<b>MEMBER NUMBER</b>	<b>PERSONAL REFERENCE #1</b>
<b>NAME</b>	Name <span style="float: right;">Phone</span>
<b>HOME PHONE</b> <span style="float: right;"><b>CELL PHONE</b></span>	Address
<b>HOME ADDRESS</b>	<b>PERSONAL REFERENCE #2</b>
<b>EMPLOYER</b> <span style="float: right;"><b>EMPLOYER ADDRESS</b></span>	Name <span style="float: right;">Phone</span>
<b>WORK PHONE NUMBER</b>	Address
<b>JOB TITLE OR OCCUPATION</b> <span style="float: right;"><b>HOW LONG</b></span>	<b>PERSONAL REFERENCE #3</b>
<b>GROSS MONTHLY INCOME*</b>	Name <span style="float: right;">Phone</span>
<b>SOCIAL SECURITY NUMBER</b>	Address
	<b>BIRTHDATE</b>
	<b>MONTHLY RENT OR MORTGAGE PAYMENT \$</b> <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER
<b>CO-BORROWER INFORMATION</b>	
<b>NAME</b>	<b>PERSONAL REFERENCE #1</b>
<b>HOME ADDRESS</b>	Name <span style="float: right;">Phone</span>
<b>CELL PHONE</b> <span style="float: right;"><b>WORK PHONE</b></span>	Address
<b>EMPLOYER</b> <span style="float: right;"><b>EMPLOYER ADDRESS</b></span>	<b>PERSONAL REFERENCE #2</b>
<b>GROSS MONTHLY INCOME*</b>	Name <span style="float: right;">Phone</span>
<b>MONTHLY RENT OR MORTGAGE PAYMENT \$</b> <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Address
<b>SOCIAL SECURITY NUMBER</b> <span style="float: right;"><b>BIRTHDATE</b></span>	<b>PERSONAL REFERENCE #3</b>
	Name <span style="float: right;">Phone</span>
	Address

\*INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE NEED NOT BE REVEALED UNLESS YOU WISH SUCH INCOME TO SUPPORT REQUEST FOR CREDIT.

**BORROWER'S SIGNATURE**



**DATE**

**CO-BORROWER'S SIGNATURE**



**DATE**

I/WE CERTIFY EVERYTHING I/WE HAVE STATED IN THIS APPLICATION AND ON ANY ATTACHMENTS IS CORRECT. YOU MAY KEEP THIS APPLICATION WHETHER OR NOT IT IS APPROVED, AND I/WE AUTHORIZE YOU TO SHARE THIS APPLICATION WITH ANY OF YOUR AFFILIATES FOR THE PURPOSE OF DETERMINING WHETHER I/WE MIGHT QUALIFY FOR OTHER PRODUCTS YOU OR THOSE AFFILIATES OFFER. I/WE AUTHORIZE YOU TO CHECK MY/OUR CREDIT AND EMPLOYMENT HISTORY.



**UNITED LOCAL CREDIT UNION**  
**3650 E. ASHLAN AVE. FRESNO, CA 93726**

**SUBSEQUENT ACTION FORM**

MEMBERS NAME AND ADDRESS	MEMBER ACCOUNT NUMBER	DATE
	ORIGINAL TRANSACTION DATE	

Check the applicable box for the type of transaction desired

**RELEASE OF CO-SIGNER AND/OR GUARANTOR**

ON \_\_\_\_\_ Date \_\_\_\_\_ Co-signer/Guarantor \_\_\_\_\_ IS RELEASED FROM \_\_\_\_\_

ALL LIABILITY  ALL FUTURE BUT NOT PAST LIABILITY. AS CO-SIGNER OR GUARANTOR ON THE LOAN ACCOUNT NO. \_\_\_\_\_ AT THE ABOVE NAMED CREDIT UNION.

INSTRUCTIONS: When the Co-Signer or Guarantor has fully discharged his/her obligation to the Credit Union, check "all liability". When the Co-signer or Guarantor is released from liability for future advances but remains liable for past advances, check "all future but not past liability".

**RELEASE OF SECURITY**

THE CREDIT UNION'S SECURITY INTEREST IN THE FOLLOWING PROPERTY IS HEREBY RELEASED.

\_\_\_\_\_

\_\_\_\_\_

REMAINING SECURITY \_\_\_\_\_

**CHANGE IN TERMS; EXTENSIONS**

THE CREDIT UNION AGREES TO MAKE THE FOLLOWING MODIFICATION TO THE ORIGINALLY DISCLOSED TERMS ON LOAN NUMBER \_\_\_\_\_

CHANGE THE REQUIRED PAYMENT FROM \$ \_\_\_\_\_ TO \$ \_\_\_\_\_ PER  MONTH  \_\_\_\_\_

CHANGE THE ANNUAL PERCENTAGE RATE APPLICABLE TO THIS LOAN FROM \_\_\_\_\_ % TO \_\_\_\_\_ %

CONVERT THIS LOAN  FROM A VARIABLE RATE TO A FIXED RATE  FROM A FIXED RATE TO A VARIABLE RATE, WITH AN ANNUAL PERCENTAGE RATE OF \_\_\_\_\_ % (INITIAL RATE IF CONVERTING TO A VARIABLE) AND A DAILY PERIODIC RATE OF \_\_\_\_\_ %.

EXTEND THE TERM OF THIS LOAN TO \_\_\_\_\_ MONTHS OR  ALLOW THE MEMBER TO SKIP \_\_\_\_\_ PAYMENTS (INTEREST CONTINUES TO ACCRUE)

OTHER: \_\_\_\_\_

IF CONVERTING TO A VARIABLE RATE, THE FOLLOWING INDEX WILL BE USED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CREDIT UNION SIGNATURES**

<input type="checkbox"/> APPROVED	AUTHORIZED SIGNATURE	DATE	COMMENTS
<input type="checkbox"/> REJECTED			

**SUBSEQUENT ELECTION FOR VOLUNTARY CREDIT INSURANCE**

**CREDIT INSURANCE WAIVER**

YOU NOW ELECT TO BECOME INSURED FOR THE  CREDIT DISABILITY INSURANCE  SINGLE CREDIT LIFE INSURANCE  JOINT CREDIT LIFE INSURANCE PROGRAM ON MEMBER NO. \_\_\_\_\_ THAT YOU ORIGINALLY REJECTED ON YOUR CREDIT AGREEMENT DATED \_\_\_\_\_

YOU ALSO ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THE CREDIT INSURANCE DISCLOSURE WHICH DISCLOSED THAT CREDIT INSURANCE IS VOLUNTARY AND STATED THE COST OF THE INSURANCE; HOWEVER, IF THE COVERAGE WAS NOT AVAILABLE TO YOU WHEN THE DISCLOSURE WAS GIVEN TO YOU, THE COST IS SHOWN BELOW.

<b>OPEN END - COST PER \$100 OF YOUR MONTHLY LOAN BALANCE IS:</b>	<b>CLOSED END - PREMIUM SCHEDULE IS:</b>
CREDIT DISABILITY \$ _____	CREDIT DISABILITY \$ _____
SINGLE CREDIT LIFE \$ _____	SINGLE CREDIT LIFE \$ _____
JOINT CREDIT LIFE \$ _____	JOINT CREDIT LIFE \$ _____

I HAVE ANSWERED ALL QUESTIONS ON THE "STATEMENT OF INSURABILITY" FORM AND I UNDERSTAND THAT COVERAGE IS SUBJECT TO APPROVAL BY THE UNDERWRITER.

THIS ADDITION OF INSURANCE WILL  INCREASE THE NUMBER OF PAYMENTS REQUIRED TO PAY OFF MY LOAN OR  INCREASE THE AMOUNT OF EACH LOAN PAYMENT.

YOU ELECT NOT TO BE INSURED FOR  CREDIT DISABILITY INSURANCE  SINGLE CREDIT LIFE INSURANCE  JOINT CREDIT LIFE INSURANCE ON YOUR LOAN SUB-ACCOUNT NUMBER(S) \_\_\_\_\_, EFFECTIVE DATE \_\_\_\_\_

ALL OTHER LOANS ON WHICH YOU ORIGINALLY REQUESTED COVERAGE WILL CONTINUE TO BE COVERED, UNLESS CANCELLED BY YOU IN WRITING.

BORROWER'S SIGNATURE \_\_\_\_\_

**BORROWER SIGNATURES**

THE TERMS AND CONDITIONS OF THE CREDIT AGREEMENT PREVIOUSLY SIGNED ARE HEREIN INCORPORATED BY REFERENCE.

DATE	BORROWER	BORROWER
	X	X



By signing below I/we understand that by skipping payment(s) on my installment loan, in the event of a total loss of the vehicle that results in a GAP claim, GAP insurance may not cover the entire deficiency balance. Any remaining deficiency balance will be your responsibility.

Loan# \_\_\_\_\_

Collateral \_\_\_\_\_

Borrower Name \_\_\_\_\_

Co-Borrower Name \_\_\_\_\_

\_\_\_\_\_  
Borrower Signature Date

\_\_\_\_\_  
Co-Borrower Signature Date