

Home_____

Work_____

Cell_____

Account Number_____

Note Number_____

Extension Agreement

Whereas the undersigned,

_____ (Borrower) and _____ (Co-maker), have executed a note in favor of Texas Health Credit Union in the original amount of \$_____ and payable \$_____ each month starting _____, and which has an unpaid principal of \$_____; and whereas the above borrower finds that he/she is unable to complete the payment of this loan on the present terms; now he/she requests that relief be given in the form of extension of time.

If this extension is approved, I hereby agree to pay the balance remaining due on this note at the rate of \$_____ each month starting _____, including interest at the same rate as provided in the original note, all other provisions of the original note except those changed by this agreement to remain in full force and effect.

In addition, I understand that if this extension is approved, I will not be eligible for additional credit from Texas Health Credit Union for a period of six months; I also acknowledge that I am limited to one extension per calendar year.

I desire an extension of my present terms for the following reasons: _____

Signed _____ (Borrower)

The co-makers of the above loan, by signing below, agree to the extension of the above described note on the terms given and hereby waive all claims for exemption of liability as a result of said extension.

Signed _____ (Co-maker)

Signed _____ (Co-maker)

Extension approved by the following members of the Credit Committee on _____:

Original Due Date _____ New Due Date _____ Auto/ACH _____ MSG _____