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110 Federal Road Danbury, CT 06811

> T 203.791.1117 F 203.791.2447

Payment Relief Application Form

I wish to skip a payment on my: (check all that apply)

○ Auto Loan ○ Personal Loan ○ Graduate Line of Credit ○ Visa Credit Card

The payment month I wish to skip is: (check all that apply)

o March o April o May

Form must be completed 5 business days before your loan payment is due.

Member Name	Address
Member # (last 4 digits)	Phone
SSN (last 4 digits)	Email

ALL PARTIES TO THE ORIGINAL LOAN AGREEMENT, INCLUDING COBORROWER(S) MUST SIGN BELOW NOTE:

If you have set up scheduled, or automatic recurring payments in Online Banking or Bill Pay, or autopay through another financial institution, you must personally stop the payment for the month selected, and reinstate it once the payment has been skipped. Additional missed payments that result from you having failed to reinstate any automatic payments will be viewed as late.

You must be a member in good standing in order to participate in the payment relief program. By signing, you authorize WCTFCU to extend your final loan payment(s), by the month(s) indicated above. Interest will continue to accrue on your loan during the month(s) you skip your payment(s) which will result in higher total finance charges and an extended number of payments greater than originally scheduled. I agree I will resume my regular monthly payments following the deferral period. I understand these payments will first be applied to late charges and finance charges, and then to principal. I also understand that if I have GAP coverage on my vehicle loan, the skipped payment(s) on that loan may affect the benefit amount. Please refer to your GAP protection documents.

Borrower's Signature / Date

Co-Borrower's Signature / Date

How to Submit Application: Please sign the Application. Scan it or take a picture, attach to an email and

email it to lending@wctfcu.com, or drop off the Application at the Branch (Drive-Thru, Night Drop). V032620