



LOAN FORBEARANCE REQUEST

NAME: _____

LOAN(S): _____

By signing below, I acknowledge that I am requesting that the Frankfort Community Federal Credit Union move the due date(s) of my loan(s) by one month, effectively extending the loan duration and moving the maturity date listed on the original loan agreement. I also acknowledge that during this period, the daily interest will continue to accrue.

SIGNATURE & DATE: _____