

## **Defer Your** Loan Payment

Please fill out this form, sign it and email it to hardship@avadiancu.com.

I would like to defer the following Avadian loan payment(s).			
Member's Name			
Address			
City	State	ZIP	
Number of months requested to defer:		(maximum amount is 2)	
Reason to Defer Payment(s)			
Borrower's Signature		Date	
Co-Borrower's Signature (required, if applicab	le)	Date	
Account #			
Loan ID #			
Branch			
*Deferring loan payment(s) does not change y number of months skipped. Interest will contin Equity Lines of Credit Visa® accounts or loan	ue to accrue on th	ne balance of the loan from the last payme	nt date. Excludes Home

not eligible to defer your payments. If you have GAP Protection, any amount of the loan that is skipped or delinquent will not be

We are an Equal Housing Opportunity Lender.

covered under GAP Protection.

