

***Santa Barbara Teachers
Federal Credit Union***
3970 La Colina Road Suite 12
Santa Barbara, CA 93110

**Consumer Loan/Visa Payment Deferral
Request Form**

Borrower 1 Name:	Borrower 1 Signature:
Borrower 2 Name if applicable:	Borrower 2 Signature if applicable:
Daytime phone number:	Description of the financial hardship:
Account Number:	
Consumer loan or Visa you wish to defer:	
Number of payments to defer: (Maximum of 3)	

I acknowledge that this action may extend the maturity date of my loan. I also acknowledge that this request does not change my legal obligation with the credit union, that my loan agreement provides for regular monthly payments, and that the credit union is merely informally permitting me to defer payments for up to three months. I understand that interest will continue to accrue on the unpaid balance of my loan during the deferment period. I understand that I must be less than 30 days past due on all my loans. The Credit Union may terminate this program at any time. If approved, this request amends my loan agreement(s) and my regular month payment schedule will resume immediately following the deferment period.

Since this form contains sensitive personal financial information, please mail it to the address above, or fax it to 805-682-0203. You may also securely upload it to <https://www.sbtfcu.org/Contact-Us>