

# Union Savings and Loan Association COVID-19 Pandemic

## LOAN PAYMENT DEFERRAL FORM

In order to request loan payment relief, please complete the below information and return this form to one of our branches via the drive thru or the night drop, or email the form to [covid19loanrelief@uslabank.com](mailto:covid19loanrelief@uslabank.com) and **mail the original signed form to Union Savings and Loan Association, Attention: Heather Tipton, 730 Central Avenue, PO Box 366, Connersville, IN 47331.**

At this time, you may request deferral for up to three (3) payments. At the end of the deferral period, if necessary, your situation can be evaluated to determine if an additional deferral of payments is needed.

**If applicable, the escrow portion of my regular payment and any other charges will be due monthly**

Your request will be processed within 10 business days of receipt.

Please check this box if you require expedited processing (within 5 business days of receipt) due to urgent circumstances.

**Please describe your urgent circumstances:**

|                                                                                                                                                                   |                                                                                          |                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------|--|
| <b>Borrower Name</b>                                                                                                                                              |                                                                                          |                                 |  |
| <b>Borrower Employer</b>                                                                                                                                          |                                                                                          |                                 |  |
| <b>Co-Borrower Name</b>                                                                                                                                           |                                                                                          |                                 |  |
| <b>Co-Borrower Employer</b>                                                                                                                                       |                                                                                          |                                 |  |
| <b>Phone Number</b>                                                                                                                                               |                                                                                          |                                 |  |
| <b>Loan Number</b>                                                                                                                                                |                                                                                          | <b>Current Due Payment Date</b> |  |
| <b># of Relief Payments Requested</b>                                                                                                                             | <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three |                                 |  |
| <b>Reason for request:</b>                                                                                                                                        |                                                                                          |                                 |  |
| <input type="checkbox"/> I am no longer employed because of the mandated closure of my employer due to COVID-19                                                   |                                                                                          |                                 |  |
| <input type="checkbox"/> I am no longer employed because my employer reduced staff due to COVID-19 or my hours were reduced                                       |                                                                                          |                                 |  |
| <input type="checkbox"/> I am no longer employed because I was advised by a health care provider to self-quarantine                                               |                                                                                          |                                 |  |
| <input type="checkbox"/> I am no longer employed because I needed to leave my job to care for my children whose school or place of care is closed due to COVID-19 |                                                                                          |                                 |  |
| <input type="checkbox"/> I am no longer employed because I am caring for an individual diagnosed with COVID-19                                                    |                                                                                          |                                 |  |
| <input type="checkbox"/> Other – please explain:                                                                                                                  |                                                                                          |                                 |  |
| <b>Additional Questions:</b>                                                                                                                                      |                                                                                          |                                 |  |

By signing below, I/we are agreeing to the following terms and conditions: 1) that the finance charges will continue to accrue during the months of payment deferral; and 2) at the end of the loan, this payment deferral may result in a larger payoff balance than is stated on my original documentation than if payments had been made as originally scheduled. All other terms and conditions of the original loan agreement will still apply and contractual principal and interest scheduled payments will resume after the approved payment deferral period. For loan payments which are originated from another financial institution, should the deferral be granted, the Customer must contact that financial institution and stop the payments from being sent to USLA. For loan payments which are originated from your account at USLA, USLA will change the payment amount/date based upon your chosen option. Not all requests will qualify.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

**BANK USE ONLY**

Deferral Granted: Yes No

Payment Amount Due

Escrow Payment Amount Due

Next Payment Due Date

Escrow Payment Due Date

New Maturity Date (if applicable)

Option Chosen for Deferral:

Add the amount of the deferred interest and principal to the loan to be paid at maturity

Add the amount of deferred interest and principal to the loan balance and recalculate the current payment

Extend the maturity date of the loan by the number of Relief Payments listed on page 1 (Installment Loans Only)

The deferred interest will be added to the principal balance for the next cycle and interest will be accrued on the unpaid balance (HELOC Only)

Additional Terms and/or Conditions: