

**Manchester Municipal Federal Credit Union**  
**479 Main Street**  
**Manchester, CT 06040**

**Temporary Loan Modification for COVID-19 Effected Members (proof required)**

\_\_\_\_\_  
Borrower(s):

Loan:

Original Payment:

Security:

Original Rate:

**Temporary Modification Agreement**

Temporary Payment: ( 1/2 original pmt)

Same Rate:

**Commences:** Starts on the day the credit union receives the signed "Subsequent Action" form. This form must be signed by all borrowers/co-owners of collateral. (max 2 months)

**Ends:** \_\_\_\_\_ months from the date the credit union receives the signed "Subsequent Action" form.

**Stipulation:** Timely payments of \$\_\_\_\_\_ must be received monthly or the original payment amount of \$\_\_\_\_\_ at an annual rate of \_\_\_\_\_% will be reinstated. All remaining terms shall remain in full force and effect.

**Maturity Date:** Original maturity date will be extended due to temporary modification in payments. Auto loans that have purchased GAP insurance; the original loan amount and term remains in force. You may have a gap in coverage by extending the term of the loan.

By signing below, I/We agree to the terms and conditions stated above. I/We also understand by reducing the loan payment temporarily, the loan term will be extended.

Borrower Name: \_\_\_\_\_ Co-Borrower: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature:

Date

Co-Borrower:

Date

\_\_\_\_\_  
**Credit Union Only**

Date received and entered: \_\_\_\_\_

Date original terms are reinstated: \_\_\_\_\_

Loan Officer : \_\_\_\_\_