



New Payment Schedule Request Form

Please note that in order to process your request to change the loan frequency and/or the payment due date (“New Payment Schedule”), the following criteria must be met:

- You have made the first payment on your loan.
- Your account is current.
- Your requested due date is not more than 20 days from your existing due date.
- This is your first request for a due date change (Only one change is allowed during the term of the loan).
- The due date on lines of credit cannot be changed.

Please continue to make payments by the current due date until you are notified that your request has been approved or declined.

Borrower Name:				
Loan Account Number:				
Email Address:				
Current Due Date:		New Payment Due Date:		
Frequency of Pay:	No Change	Monthly	Biweekly	Semi-Monthly

By signing below, you agree to the necessary changes to your Loan agreement or note (“Agreement”), as well as any associated Automatic Loan Payment Authorization form, to reflect the New Payment Due Date. You understand that, except as agreed to on this form, no other terms in your Agreement or Automatic Loan Payment Authorization form have been changed, including any maturity date. If your payments are paid through the Automatic Loan Payment Program, you agree to the new transfer date outlined in the Terms and Conditions of the Automatic Loan Payment Authorization based on your new payment due date.

By signing below, you also acknowledge that your requested change may affect the amount of each payment and the overall interest you pay on the loan. To that end, you authorize SECU to calculate the new payment amount according to the New Payment Due Date and you agree to make payments in those amounts and according to the New Payment Schedule. If you have executed an Automatic Loan Payment Authorization form, you hereby agree to the changes to such form required based on the New Payment Due Date and the new payment amount, if different.

Signing below is to certify that this New Payment Schedule Request was agreed on by all BORROWER(S).

Borrower Signature:	Date:
Co-Borrower Signature:	Date:

Once you have completed and signed this form:

Please fax it to 443-517-5295 or email to SECUCLS@cuopscenter.org.

If you have questions or comments, please contact our member service department 800-879-7328 / 410-487-7328.

Thank you for your membership.