



CITIZENS BANK OF CAPE VINCENT

Hometown Banking At Its Best

COVID-19 LOAN PAYMENT RELIEF REQUEST

Borrower: _____ Phone/Cell _____

Co-Borrower: _____ Phone/Cell: _____

Address, City, State, Zip: _____

Mailing (if different): _____

Email: _____

Brief explanation of how you've been impacted (i.e. Loss or temporary loss of job, reduced hours, mandated to shut down or operate on a limited basis, etc.):

Loan Account: _____

I would like to request interest-only payments for ___ 30, ___ 60, ___ 90 days.
(Interest-Only Agreement- no fee).

I would like to forbearance my payments for ___ 30, ___ 60, ___ 90 days.

By signing this form, I am attesting, under penalty of perjury, that my income has been negatively affected by the COVID-19 coronavirus pandemic and I am requesting Citizens Bank of Cape Vincent forbearance my currently due payment on the above loan. All other terms, collateral, and conditions remain the same. Examples of income being negatively affected include but are not limited to: having the coronavirus, self or mandatory quarantine, becoming unemployed or experiencing reduced hours due to Covid-19, or other unexpected burdens caused by the Covid-19 pandemic. Finance charges will continue to accrue during the forbearance period and the total finance charges that I will pay on my loan will be greater than if I elect to take no forbearance. The maturity date on the loan may also be extended. If I payoff my loan prior to the maturity date I acknowledge that any unpaid interest due may result in an increased payoff or final payment. Forbearance payments that extend beyond the original maturity date may not be covered by any existing life and/or disability insurance originally elected in the original contract. During this forbearance period your account will not reflect any negative credit reporting and the Bank will waive any late fees associated with your loan.

Information and signatures of all borrowers must be filled out completely. Conditions may apply, subject to approval.

Signature: _____ Date: _____

Signature: _____ Date: _____

Cape Vincent (315) 654-2115
P.O. Box 277
154 E. Broadway
Cape Vincent NY 13618

Chaumont (315) 649-2245
P.O. Box 449
12084 NY-12E
Chaumont NY 13622

La Fargeville (315) 658-2600
P.O. Box 368
20410 NY-411
La Fargeville NY 13656