

## Monthly Payment Deferral Offer

NAME \_\_\_\_\_

Last 5-Digits of Loan Account Number: \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Payment to Defer** - Please list calendar month:

CITY STATE ZIP \_\_\_\_\_

\_\_\_\_\_

**Yes, I accept this payment deferral offer with First Mid Bank & Trust.**

*\*Deferment of this payment will extend the maturity date of the loan and lead to paying additional interest. This may result in a larger final payment. Should you have a payment protection plan, including credit life or disability plan as part of your loan, please be advised the plan will not extend beyond the original maturity date. We suggest that you put the payment coupon for the month you defer in the back of your coupon book as a reminder.*

**Important: If your loan has more than one signer, all individuals must sign below.**

Signature \_\_\_\_\_

Signature(s) \_\_\_\_\_

*Additional Signers (if applicable)*



BANK & TRUST

*www.firstmid.com*

