



**YOUR CREDIT UNION**  
 123 Main Street  
 Yourtown, State 12345  
 (123) 456-7890

## POST LOAN TRANSACTIONS

This document is used for actions taken after your loan has been disbursed. This document is used for multiple actions; please refer to the appropriate boxes checked.

Member Name(s)	Account Number	Date
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Original Loan Description	Original Loan Security	Original Loan Account Number	Original Loan Date
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**Change in Loan Terms**

Your signature below means you agree to change the terms of your original loan agreement to the following: You agree to repay the entire unpaid balance of \$ \_\_\_\_\_ plus interest at a rate of \_\_\_\_\_%, by making \_\_\_\_\_ (weekly/monthly) payments of \$ \_\_\_\_\_ beginning on \_\_\_\_\_ and thereafter until the debt is paid in full.  
 The reason for this change in terms is: \_\_\_\_\_

**Release of Obligation**

\_\_\_\_\_ is hereby released from \_\_\_\_\_ (all past and future/all future but not past) liability; as cosigner or guarantor on the loan account number described above.

**Release of Security**

The credit union hereby releases the above-described security in place of:  
 \_\_\_\_\_

**Voluntary Credit Insurance Election**

You now voluntarily elect to become insured for the coverage(s) selected below. **In order for coverage to become effective, a statement of insurability must be completed if you are adding coverage. There may be certain restrictions to your insurance coverage, please read your insurance certificate for complete details.** If you need a copy of the insurance certificate, we will be happy to provide you with one. You authorize us to add the charges for the insurance to your loan balance each month.

Check coverage(s) desired:

	Open End Cost per \$100 of your loan balance	Closed End Estimated Premium	Name of Insured(s)
<input type="checkbox"/> Single Credit Life	\$ _____		_____
<input type="checkbox"/> Joint Credit Life	\$ _____		_____
<input type="checkbox"/> Single Credit Disability	\$ _____		_____

To pay insurance premium, you agree to:  
 make more payments of the same amount until your loan balance has been repaid  
 increase your monthly payment to \$ \_\_\_\_\_.

**Credit Insurance Cancellation**

I/We elect **not** to be insured for (check appropriate box(es)):  
 Single Credit Life     Joint Credit Life     Single Credit Disability  
 effective \_\_\_\_\_. I/We understand that all other Loan Accounts that were initially covered under the Open End Credit Plan Agreement you signed on \_\_\_\_\_ will continue to be covered, unless you have signed a similar statement.

**Borrower Signatures**

<b>X</b>	<b>X</b>
Date	Date

**Credit Union Use Only**

Approved    \_\_\_\_\_    \_\_\_\_\_  
 Denied    Loan Officer Signature    Date