



First State Bank of Porter Winter Loan Payment Deferral Agreement

Customer Name(s): _____ **Date:** _____

Borrower Number: _____ **Loan#:** _____

By signing below, you the borrower; hereby agree that the loan listed above will be deferred one month beyond its current maturity date. Interest will continue to accrue on the outstanding balance, including the month that you deferred your payment. As a result your final payment may be larger than your regular monthly installment. If your payment is covered by payment protection insurance, the coverage will terminate under the contract's original final payment date. All other terms of your original loan agreement will remain the same.

Thirty (30) days interest MUST be paid on Commercial or Mortgage Loans. Contact Patti pcampbell@porterstatebank.com or Laura lbrandt@porterstatebank.com for interest due.

Undersigned agree to pay a \$ 25.00 Deferral Fee.

****All Signatories on the Loan must sign this Deferral Agreement****

Signature: _____ **Signature:** _____

Signature: _____ **Signature:** _____

[] By signing here I authorize First State Bank of Porter to charge my Porter Bank Checking Account, # _____ for the "Total Due" listed below.
Signed: _____

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INTERNAL BANK USE ONLY.

Loan Principal Balance: \$ _____

Daily Interest Factor: \$ _____ x30 or 31 = \$ _____ Interest Due + \$25.00 Fee =

Total Due \$ _____

Revised- Next Date Due: _____ Revised – Maturity Date: _____

Loan Officer: _____ Input By: _____ Reviewed By: _____

Mail with payment to: Loan Department – 230 Lincoln St, Porter IN 46304
or **Fax** 219-929-4680