## **EXTENSIONS / REFINANCED LOANS**

Name:				
Account #:				
Cause:				
Cure:				
Name Entered on Log for Audit Trail:		Yes □	No 🗆	
Criteria Met for Loan to be Refinanced or Exten	ded:	Yes 🗆	No 🗆	
Employee Signature	Date			
Approval Signatures:	Date:			