

*A SEPARATE FORM IS REQUIRED FOR EACH LOAN PAYMENT THAT IS SKIPPED!



SKIP-A-PAYMENT AUTHORIZATION FORM

Member Name: _____ Account #: _____

Home Address: _____

Apt. #

City _____

State _____

Zip _____

Country _____

E-mail _____

Home Tel: _____ Work Tel: _____ Cellular #: _____

Yes, I would like to skip a loan payment for the month of: _____

SKIP-A-PAYMENT INFORMATION

Loan #: _____ Amount of Payment: \$ _____

MasterCard #: _____ Amount of Payment: \$ _____

Please Debit the Fee from Account #: _____ Savings Checking

Member Agreement

I
Interest will continue to accrue during the deferral period extending the original term and increase the amount of finance charges. I understand that a payment will be added to the loan at the time of maturity extending the life of the loan by one month. Finance charges will continue to accrue on a daily basis at the APR set forth in the loan agreement at loan disbursement. Offer excludes Mortgage loans and Home Equity Lines of Credit. Cosigners on any loan must also sign the skip-a-payment request, and all loans must be up to date. A \$30 fee applies to all skip-a-payments. Only one skip-a-payment allowed per loan in a 12 month period.

By signing below, I have read and understand the member agreement. I understand that I will be contacted if the Credit Union cannot honor my request.

Signature _____

Print Name _____

Date _____

Co-signer _____

Print Name _____

Date _____

For Internal Use Only

Date Received: _____ Date Implemented: _____

Received By: _____