



Skip a Payment

It's easy to participate in the Skip a Payment program. Just complete the attached form and mail, fax or bring it to the credit union for approval. Please be sure to review the conditions below, as well as the types of loans that are excluded from this offer. By receiving this letter you have already been approved as long as you meet the conditions listed below. Request should be made 10 days prior to the loan due date. Loan must have been funded a minimum of 6 months ago and at least 6 payments made before the first Skip-A-Payment.

Member Name (please print) : _____ Account # : _____
 Joint/Co-Signer (please print): _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: _____ State: _____ Zip/Postal: _____

Month to be Skipped

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

Please postpone the loan (s) listed below

Loan Number: _____	Appx Balance: _____	Payment: _____
Loan Number: _____	Appx Balance: _____	Payment: _____
Loan Number: _____	Appx Balance: _____	Payment: _____

I would like to pay the fee of \$25.00 per loan from (please check one):

- Savings# _____ Checking# _____ Check Enclosed Cash Attached

I/We understand that the postponement of my/our payments will not affect the payment record of my/our account. The payment the credit union will postpone will be added to the end of my/our loan and will not change the term. Interest will continue to be calculated on the total outstanding balance from the date of the last payment.

X	X
Member Signature _____	Joint Member/Cosigner Signature _____
Date _____	Date _____

Conditions

- ◆ All loans must be current
- ◆ Fee of \$25 per loan must be available
- ◆ Cosigner/Joint owner must sign
- ◆ Loans that are paid by disability insurance are not eligible.
- ◆ No more than two Skip-A-Pays per loan per year.

Non-Eligible Loans

- ◆ Mortgage Loans
- ◆ Home Equity Line of Credit
- ◆ MasterCard
- ◆ Overdraft or Line of Credit Loans
- ◆ Any balloon loan / E Z Loan
- ◆ The loan was granted an extension during the past six months

Office Use Only

Amount Paid \$ _____	Date Paid _____	Received By: _____
Loan Status Completed By: _____		
Loan Status Completed On: _____		