



SKIP-A-PAYMENT REQUEST FORM

NAME _____

ACCOUNT # _____

LOAN # _____ LOAN # _____ LOAN # _____

PHONE # (_____) _____ - _____

E-MAIL ADDRESS _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

There is a \$ 35.00 non-refundable processing fee per loan.

TRANSFER FUNDS FROM MY ACCOUNT _____

_____ SAVINGS ACCOUNT _____ CHECKING ACCOUNT _____ CASH

By signing this form I understand I must be in good standing with all of my loans. I have made 3 monthly payments on the loan I am requesting to Skip-A-Payment. **STS loans are not eligible.** My next monthly payment will include finance charges accrued from the skipped month. I also understand this will be extending the term of my loan and changing my maturity date.

If a GAP Wavier insurance policy was purchased at the origination or during the course of the above-referenced loan, doing any Skip-A-Payment may have an adverse impact as to how a GAP claim is paid by the GAP insurance carrier. The Credit Union will not be liable for any denial of GAP benefits created by skip-a-payment products.

Yes, I want to Skip my payment for the month of _____ and I have read and agree to the terms listed above.

Borrower Signature _____ Date _____

Co-Borrower Signature _____ Date _____

CU USE ONLY:

MEMBER PAID _____ DATE _____ EMPLOYEE INITIALS _____