



Skip Payment Application

Member Name: _____ Account #: _____

Contact Information: _____

Suffix(es) to Skip: _____

Month(s) to Skip: _____

CU Initials: _____

1. Do you have any loans more than 30 days past due? YES # _____ NO
2. Three full payments since your most recent advance? YES NO
3. Six full payments since the beginning of your loan? YES NO
4. Do you pay using Payroll Deduction or Automatic Payments? YES NO

Restrictions: Application must be submitted 5 business days BEFORE your next scheduled pay date. Loan cannot currently be more than (30) days delinquent. Loans rewritten or extended in the past (12) months, to correct late payments are not eligible. Any loan with additions for force placed insurance within the last 12 months are not eligible. Six full payments on new loans and three full payments for loan add on must be received prior to the first payment skipped. Only (2) payments can be skipped in a (12) month period Not available on VISA Mortgage & Second Mortgage Loans.

Disclosure: Fee is \$20 per loan per month, which must be paid before the application can be processed and can be deducted from ANY credit union account. Fee does not apply towards principal or interest. Interest continues to accrue during the time when payments are not made. Skipping a payment will extend the payoff period of your loan. Payroll deduction payments will be redirected into the "A" suffix account for the payments that are being skipped. By submitting this request, you agree that the information is correct to the best of your knowledge. You also agree to notify us of any changes to your name, address or employment. You authorize the credit union to obtain credit reports in connection with this request.

Member Signature _____ Date _____

For Credit Union Use Only:

- Took \$ _____ from suffix _____
- Changed Due Date from on loan(s) _____ to _____ on loan(s) _____
- Changed Due Date from on loan(s) _____ to _____ on loan(s) _____
- Made Changes to: P/R _____ ACH _____ I/T _____ Group Code: _____

Payments:	Suffix	Amount	Suffix	Amount	Suffix	Amount
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Processor Signature/Initials _____

Executive Approval Signature (if required) _____

Notice Sent: _____ Approval
 _____ Denial

Date/Method: _____
 Date/Method: _____

Comments: