

**FIRST CHOICE COMMUNITY CREDIT UNION**

**SKIP-A-PAYMENT FORM**

Primary Member Name:

Social Security Number:

**YES! I Want to Skip-A-Payment for the loan(s) and month(s) below:**

Loan Number

Skip-A-Payment month:

Loan Officer:

There is a \$30.00 fee for EACH loan payment skipped. The fee will be deducted for your Credit Union account. If the loan(s) requested have been delinquent for any reason, the Credit Union reserves the right to deny your application to Skip-A-Payment. Offer applies only to consumer installment loans and does not apply to mortgage secured loans. Skip-A-Payment can be used for a loan only two times in a 12-month period.

Please deduct \$30.00 (\$30.00 per loan payment skipped) from my (check one):

Checking:

Savings:

**EXTENSION AGREEMENT**

By signing below, you authorize First Choice Community Credit union to extend your final payment by one month on each loan designated above. Interest will continue to accrue on your loan(s) during the month that you skip your payment.

If a GAP Waiver 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.

Signature: \_\_\_\_\_ Date:

We will notify you of our decision via:

Your daytime phone:

Your email address:

Your mailing address:

FOR OFFICE USE ONLY:      Comments:

Approved

Rejected

Loan Officer Signature \_\_\_\_\_ Date:

