



Loan Skip-A-Payment Authorization Form

Eligibility

Members must not have had any charged-off loans or shares in the past.

A separate form is required for **EACH** loan being considered for a Skip-A-Payment.

All Skip-A-Payment requests are subject to the credit union's final approval.

Program Terms

I agree to amend the terms of my original credit agreement and to continue paying down my unpaid balance, plus interest, by the next due date as a result of the Skip-A-Payment.

I understand that by skipping monthly loan payment(s), my loan will be extended beyond the scheduled payoff date, and that interest will continue to accrue during the month(s) in which the payment(s) was skipped. I understand that the first payment(s) made after the extension may be mostly interest.

If I have an automatic loan payment from an Online Banking provider, another financial institution, or direct deposit from my employer, I understand that I am solely responsible to make any necessary loan payment date changes with that provider.

COVID-19

_____ I have not been adversely impacted by COVID-19 but would like to request a Skip-A-Payment.

_____ I have been adversely impacted by the recent COVID-19 pandemic and would like to request:

_____ One (1) Skip-A-Payment

_____ Two (2) Skip-A-Payments*

***I agree that Loan Processing may contact me to discuss my situation and require more information prior to my loan Skip(s) being approved.**

Member Authorization

By entering my name, I agree to the above-mentioned program terms.

Member Signature: _____

Date: ___/___/___

Member Account Number: _____

Loan ID/Suffix: _____ (Ex: 01, 07, 71)

Evergreen Use Only:

LSC Initials: _____ Current Payment Date: ___/___/___ New Payment Date: ___/___/___ Updated Tracking: ___ 39 ___ 59