



Skip-A-Payment Application

Account must be in good standing
 No First loan payments skips
 Only 2 per duration of loan
 Not available for open-end loans

Loan Type _____

Loan Number _____

Monthly Payment Amount: \$ _____

Date of Skip payment: _____

(Bi-weekly, Weekly, and Semi-monthly payments will be skipped to equal a month)

Reason: _____

For Next Payment: Cash Checking Account Savings Account Payroll
 Other: _____

I understand by taking advantage of this skip program, it will not change the provisions of the original note, and that if approved, it will extend the loan's repayment time period. I further understand that I need to request this "skip" five (5) days, or more prior to my loan payment due date; that the \$25 skip a payment fee can be added to my loan balance or debited from my account and the fee is considered a finance charge. You authorize the Credit Union to obtain credit reports in connection with this application for extension if needed. I further agree to resume regular payments the following months. Joint borrower(s) must also sign the application.

Debt Account: Checking Savings Add to Loan
 Previous Skip: Yes NO
 (if yes, when: _____)

Name: _____

Account Number: _____

Signature: _____

Date: _____ Day Phone: _____

Signature: _____

Date: _____ Day Phone: _____

For Credit Union use only:

Share Draft Balance: _____

Regular Shares Balance: _____

Loan Balance: _____

Next Due Date: _____

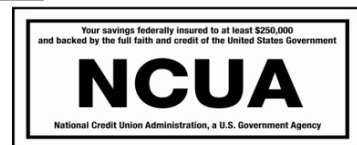
Loan Payment: _____

Approved Denied

By: _____

Date: _____

Denied Reason: _____



Fee: Debt Acct: _____

Transfer: _____

Add to Loan: _____

Direct Deposit: _____

Payment moved: _____

Last Calc: _____