

Skip Payment Form Request Due to Impact of Coronavirus Pandemic

Member(s) Name(s):			Date of Request:	
Account #		Preferred Contact #:		
Preferred Email Address:				
You are requesting that you	r payment(s) on the below design	nated loan(s) be "skipped" for t	the following month(s) (<u>se</u>	elect up to two options):
Suffix:	March 2020	☐ April 2020	☐ May 2020	☐ Automatic Payment
Suffix:		☐ April 2020	☐ May 2020	☐ Automatic Payment
Suffix:		☐ April 2020	☐ May 2020	☐ Automatic Payment
☐ Please check	there if the loan payment(s)	is debited from a financial	institution <u>other</u> than	n from this Credit Union.
 Should you require pay scheduled due date. 	yment assistance beyond this ex	tended offer, please check ba	ck with our Collection De	partment before your next
interest first, until the int to bring your loan back is within 15 days of paymer scheduled. The Credit U by us or if we find the loa IMPORTANT: If you have payment you should ensu Disability, GAP, Vehicle We services limit the number Such products are provided and review your policies /	erest due is caught up. You and line with the original expect on you wish to skip to avoid land in reserves the right to reserve the criterial for any form of voluntary insurant are your election to skip does not manufacturer or of extensions on covered loans ed by third-party companies, if	tre encouraged to increase ted Maturity date. You further fees. You understand the cind this offer if any of the afor this Skip. Ince or warranty coverage in the affect your coverage (extended to the context of the context warranty). Some context warranty include volument the Credit Union, so you	your minimum payme her understand that th nat your next regular m accounts are in default on connection with the lo camples include but are inpanies that provide the tary skip payments, oth it will need to address a	n will be applied to outstanding ents when the skip period ends his document must be returned nonthly payment will be due as at the time this form is received an on which you seek to skip a see not limited to: Credit Life, Credit esse insurance or warranty hers do not allow any extensions my questions to those companie
Borrower 1 Signature Date Signed:			2 Signature	
Other Owner of Collateral Si	gnature			
Date Signed:				
CU USE ONLY:				
Date Received:	Date Processed:	Processed by:		