

**SKIP A PAYMENT OPTION**

Date \_\_\_\_\_ Member Name \_\_\_\_\_ Account Number \_\_\_\_\_ Loan Suffix \_\_\_\_\_

By signing below I request the skip a payment option for the following month: \_\_\_\_\_

I agree to all of the following conditions:

- I will pay the skip a payment fee of \$25.00 per loan in advance.
- Interest will continue to accrue at the rate stated on my loan contract and my first payment after the skip will pay accrued interest before principle.
- My loan is current and in good standing.
- This is not my first payment.
- This is not a revolving type loan (HELOC, Line of Credit or Visa Credit Card).
- This is an extension and the maturity date of my loan will increase by the number of payments I have deferred.
- I understand this option is only available once per calendar year.

All responsible parties must sign, including cosigners if applicable.

X \_\_\_\_\_  
*Signed* \_\_\_\_\_ *Date*

X \_\_\_\_\_  
*Signed* \_\_\_\_\_ *Date*

X \_\_\_\_\_  
*Signed* \_\_\_\_\_ *Date*

X \_\_\_\_\_  
*Signed* \_\_\_\_\_ *Date*