

*Belonging Never Felt Better*®



### Emergency Consumer Loan Skip-a-Payment Application

Member Name \_\_\_\_\_ Member Number \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Loan Type \_\_\_\_\_ Payment Amount \_\_\_\_\_ Due Date \_\_\_\_\_

Number of months skipped (not to exceed two) \_\_\_\_\_

Next date a full payment is due \_\_\_\_\_

Specific reason for Skip-a-Payment \_\_\_\_\_

I understand choosing to Skip-a-Payment will extend the term of my loan. Regularly scheduled payments will be due when my Skip-a-Payment term has expired as indicated above. Interest on my loan will continue to accrue. If I have set up an automatic payment for my loan through my online banking, I will cancel it for the month(s) I selected above.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

For credit union use only

Approved by \_\_\_\_\_ Additional Approval \_\_\_\_\_

Date \_\_\_\_\_