

Belonging Never Felt Better®



**COVID-19
Emergency Business Loan Skip-a-Payment Application**

Member Name _____ Member Number _____
Business Name _____ Business Member Number _____
Email _____ Phone Number _____

Loan Type _____ Payment Amount _____ Due Date _____
Loan Type _____ Payment Amount _____ Due Date _____
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Number of months skipped (not to exceed two) _____

- Please supply a separate letter of explanation as to how COVID-19 has affected your business.
- Other information may be needed upon review of your request.

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. Once I resume making payments all outstanding interest will be satisfied before any principal reduction. 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 _____	