



SKIP-A-PAYMENT REQUEST

Note: Skip-a-Payment request must be submitted 5 business days prior to loan due date Please sign your completed form and send it to loans@tcu37.com or fax to 503.251.2310

Date of Request: _____

Member Name: _____ Member Account #: _____

Address: _____

Email _____

Daytime Phone #: _____ Alternate Phone #: _____

I would like to skip Loan suffix: _____ for the month and year of: _____

Do you have the above loan/loans set up on autopay? Yes No

Charge the \$10 processing fee to account #: _____ Suffix #: _____

Place a check mark (✓) in the boxes below to show that you agree and understand the information stated:

- I understand that there is a \$10 processing fee and that the fee does not reduce the principle balance.
- I understand that deferring my loan payment will result in an extension of the original loan term and that interest will continue to accrue at the rate disclosed in my original loan agreement.
- I can make up the payment at any time, but extra payments will not change the due date of the next scheduled payment. I authorize the credit union to change the payment schedule.
- I am aware that by skipping a payment the benefit from disability, life, and/or GAP insurance may be reduced by the amount of the payment skipped.
- The terms and conditions of my loan agreement remain as is, despite this skip-a-payment.

Reason for request: _____

If auto loan, current mileage: _____

Terms & Conditions

All terms of your loan agreement will remain in effect. Interest will continue to accrue on your loan at the rates and terms disclosed in your loan agreement. The \$10 skip-a-payment fee is a processing fee. Skipping a payment will extend the term or maturity date of your loan. If applicable, credit life and/or disability insurance premiums will continue to be added to your loan balance. Deferral of payment will reduce the portion of future payments applied to the principal resulting in a larger final payment, or negative amortization. Certain restrictions apply and not all loans are eligible for this program. Each Skip-a-Payment request goes through an approval process. I agree and understand the above information,

Member Signature: _____ Date: _____