



Relief Skip-A-Payment Form

Primary Member Name: _____

Account Number: _____

Yes! I want to Skip-A-Payment for the loan(s) and Month(s) below:

If the loan(s) requested had been delinquent for any reason, the credit union reserves the right to deny your application to Skip-A-Payment.

Loan Number: _____

Skip-A-Payment Month(s): _____

Loan Number: _____

Skip-A-Payment Month(s): _____

Loan Number: _____

Skip-A-Payment Month(s): _____

There is a \$35 fee for EACH loan payment skipped. The fee will be deducted from your TN Members 1st FCU account. If the loan(s) requested had been delinquent for any reason, the credit union reserves the right to deny your application to Skip-A-Payment. Offer applies only to customer installment loans and does not apply to mortgage secured loans or visa cards. Skip-A-Payment can be used for a loan only two times within the life of the loan.

Please deduct \$35.00 (\$35 per loan, per payment skipped) from my: Savings Checking

Extension Agreement

By signing below, you authorize TN Members 1st Federal Credit Union to extend your final payment by one or two month(s) on each loan designated above. Interest will continue to accrue on your loan(s) during the month(s) that you skip your payment.

If a Gap Waiver insurance policy was purchased at the origination of the above-referenced loan, doing a Skip-A-Payment may have an adverse impact as to how a Gap claim is paid by the Gap Insurance carrier. The Credit Union will not be liable for any denial of Gap benefits created by Skip-A-Payment products.

My signature indicates that I have read and agree to the terms of the Skip-A-Payment(s).

Member Signature: _____

Date: _____

Please fax form to 865-482-2617 or email to loans@fcumail.org

For Credit Union Use:

Comments: _____

Approved Rejected

Loan Officer Signature: _____ Date: _____