



Skip-A-Payment Form

Primary Member Name:

Account Number:

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

Loan Number:

Skip-A-Payment Month:

Loan Number:

Skip-A-Payment Month:

There is a \$35 Fee for EACH loan payment skipped. The fee will be deducted from your Credit Union 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 for the life of the loan.

Please deduct \$35.00 (\$35 per loan per payment skipped) from my (check one):

Checking: _____

Savings: _____

Extension Agreement

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

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Comments:

Approved

Rejected

Loan Officer Signature: _____ Date: _____