



Skip-A-Payment Today!

Get holiday relief with Tennessee Members First Federal Credit Union's **Skip-A-Payment** for only \$35 per loan. This is the time of the year when extra cash comes in handy. That is why we are offering our members **Skip-A-Payment** for December or January*. So go ahead, get some holiday relief by taking a break from your loan payment. Fill out the form below and return to Tennessee Members First Attn: Loan Department, P.O. Box 6828, Oak Ridge, TN 37831 or fax it to (865) 482-2617.

SKIP-A-PAYMENT APPLICATION

Yes, please skip my loan payment(s) for:

December January

and take the fee of \$35 out of my:

Checking Savings

Name _____

Loan Account # _____

Loan Account # _____

Loan Account # _____

Signature _____

* A subsequent signature will be required.

* The deadline to sign up for skipping the December payment is November 20, and for the January payment it's December 20. Loans must be current at the time of request and the member must have made at least one regular scheduled payment since loan originated. First mortgage, Home Equity, Visa and Vehicle Lease are excluded from the Skip-A-Payment promotion. By participating in our Skip-A-Payment you authorize Tennessee Members First to extend your final loan payment by one month only. Interest will accrue on your loan during the month you skip your payment.

www.orfcu.org
865.482.4343

Tennessee Members First
Federal Credit Union
112 Administration Road
Oak Ridge, TN 37830



**TENNESSEE MEMBERS 1ST
FEDERAL CREDIT UNION**
112 Administration Road
P.O. Box 6828
Oak Ridge, TN 37831-6828

LOANLINER

Subsequent Action

BORROWER 1 NAME (LAST) (FIRST) (INITIAL) ACCOUNT NUMBER DATE

BORROWER 2 NAME (LAST) (FIRST) (INITIAL) ACCOUNT NUMBER DATE

ADDITION OF BORROWER

On _____ (date), you agree to be bound by all the terms and conditions of the LOANLINER® Credit Agreement and Security Agreement, if applicable. You understand that you may obtain advances under the Plan and that you are obligated to repay all amounts borrowed in the future by any joint borrower on the Plan or you are obligated to repay all amounts borrowed under the Plan, including any amounts owing on this date.
Loan Account No.: _____ Date Plan Opened: _____
Name(s) of Additional Borrower(s): _____

RELEASE OF BORROWER/GUARANTOR

On _____ (date), _____ (Borrower) (Guarantor) is released from all liability or all future but not past liability on Loan Account No. _____.

RELEASE OF SECURITY

Describe Security: _____
Reason: _____

MODIFICATION AGREEMENT

You agree to amend the terms of your original agreement and to repay the entire unpaid balance of \$ _____ plus interest at _____ % by paying \$ _____ every _____ (payment frequency) beginning _____ (date).
Reason: _____
Collateral: _____

SUBSEQUENT ELECTION FOR VOLUNTARY PAYMENT PROTECTION

You can now voluntarily elect to become insured with the coverage(s) checked below. In order for coverage to become effective you must meet all insurance eligibility requirements stated in the Credit Insurance Application/Schedule. **If you are adding coverage more than 30 days after the date of your advance/loan you must complete the Evidence of Insurability questions. NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.** If you need a copy of the Insurance Certificate, just ask. By signing below, you authorize us to add the charges for the insurance to your outstanding balance each month. Coverage election applies to the entire balance on this subaccount/loan (_____) or open end plan. Insurance rates are subject to change.

| You elect the following: | OPEN-END | CLOSED-END | NAME OF INSURED(S) (Please Print) |
|---|--|---------------------|--------------------------------------|
| | Cost Per \$100 of Your Monthly Loan Balance | Premium Schedule | |
| <input type="checkbox"/> Single Credit Disability | 18.2 ¢ | \$ _____ e | _____ |
| <input type="checkbox"/> Joint Credit Disability | N/A ¢ | \$ _____ e | _____ |
| <input type="checkbox"/> Single Credit Life | 10.1 ¢ | \$ _____ e | _____ |
| <input type="checkbox"/> Joint Credit Life | 15.4 ¢ | \$ _____ e | _____ |

To pay insurance premium, you agree to: make more payments of the same amount until what you owe has been repaid.
 increase your monthly payment to \$ _____.

CREDIT INSURANCE WAIVER

By signing below you elect not to be insured for:
 Single Credit Life Joint Credit Life Single Credit Disability Joint Credit Disability
insurance on your Loan/Subaccount No. _____, effective _____ (date).
For open-end Plans, you understand that all other Loan Subaccounts that were initially covered will continue to be covered, unless you waive the entire plan.

SIGNATURES

X (SEAL) _____ DATE _____
BORROWER 1 SIGNATURE

X (SEAL) _____ DATE _____
BORROWER 2 SIGNATURE

X (SEAL) _____ DATE _____
OWNER OF COLLATERAL (OTHER THAN A BORROWER)

_____ DATE _____
CREDIT UNION AUTHORIZATION