



COMMUNITY SERVICE CREDIT UNION
 250 FM 2821 Rd W
 Huntsville, TX 77320
 936-295-3980

HOLIDAY SKIP-A-PAY APPLICATION

in partnership with the Boys & Girls Club of Walker County

Submitting this form: print and sign, or fill and sign digitally. Return completed form to a branch, mail, or email to collections@cscutx.com.

Step 1 - Complete one form for each loan/skip, and indicate the loan payment you wish to skip: We must receive this request at least five (5) business days before your payment due date.

First Name []	Last Name []	Contact Number []
CSCU Account # []	Loan Number []	

Please skip my payment for**:

November December January

**Your regular payment schedule will resume the month following the skipped payment

Step 2 - I understand that a fee of \$25 will be charged for each loan that is skipped. Deduct the fee from:

CSCU Checking Account # _____ CSCU Savings Account # _____

If there are insufficient funds in your checking or savings account to cover the Skip-A-Payment fee(s), this request will not be honored.

Step 3 - Print this form. (Or skip to Step 4 to sign digitally and submit a paperless application.)

Step 4 - Sign and date this form.

I authorize Community Service Credit Union to skip my payment(s) on the loan(s) above. I understand that by skipping the loan payment(s) I have selected, it will extend the term of the loan(s) and that interest will accrue on the deferred balance of the loan(s) throughout the deferred payment period. Except for the skipped payment and the resulting change to the payment schedule, all other payment terms of your Loan Agreement/Promissory Note remain unchanged and in full force and effect. All loans must have a minimum of twelve (12) months payment history to be eligible for the Skip-A-Payment program. Skip-A-Payments are limited to one (1) skip per loan in any twelve (12) month period, subject to approval. All of your accounts at CSCU must be current with no collection action pending. Any credit life and/or disability insurance on the loan may extend protection beyond the original maturity date of the loan(s). For auto loan payments, please check with your GAP insurance carrier to determine how Skip-A-Payment may affect your coverage. Refer to the account and loan disclosures agreements. Contact us at 936-295-3980 or 877-293-3980 or stop by a location close to you for any questions you may have.

This application is subject to approval and does not apply to Unimproved Property loans, Home Equity loans, Mortgages, Business Purpose Loans, Real Estate Loans, Auto Leases, Student Loans, Flex-Drive Loans, and Visa Credit Card accounts.

For payments you generate (for example, payments you set up with a bill payment service, payments initiated at another financial institution, etc.) you are responsible for stopping the payment for the month you wish to skip. Any automatic transfers generated by CSCU will be suspended for the Skip-A-Payment month.

Other restrictions may apply.

PLEASE NOTE: Once the form has been submitted, you will be contacted by a representative of CSCU to complete the process.

_____ Signed By	_____ Date
_____ Co-Signer/ Signer *This agreement must be signed by all parties to the loan agreement	_____ Date

For Internal Use Only

Open End Loan # _____	Closed End Loan # _____	Indirect Loan # _____
Date Received: _____	Date Processed: _____	Processed by (teller #): _____
Approved By / Date: _____	Denied By / Date: _____	