

Approved By / Date:

SKIP-A-PAYMENT APPLICATION

Step 1 - Complete the information We must receive this request		•	•	:
First Name	Last Name		Contact Number	
CSCU Account #	Loan 1 Number	Loan 2 Number	Loan 3 Number	Loan 4 Number
Please skip my payment for**:				
January Apri	April July		October	
February May	,	August	November	
March June)	September	December	
**Your regular payment schedule will resume the n	nonth following the skipped	payment		
Step 2 - I understand that a fee o	f \$25 will be charge	d for each loan that	t is skipped. Deduct	t 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.				
Chan A Cian and data this form				
Step 4 - Sign and date this form.				
I authorize Community Service Credit Union to skip extend the term of the loan(s) and that interest will payment and the resulting change to the payment and effect. All loans must have a minimum of twel one (1) skip per loan in any twelve (12) month period life and/or disability insurance on the loan may extend GAP insurance carrier to determine how Skip-A-Pay 3980 or 877-293-3980 or stop by a location close to	l accrue on the deferred balan schedule, all other payment to ve (12) months payment hist d, subject to approval. All of yend protection beyond the or ment may affect your covera	nce of the loan(s) throughou erms of your Loan Agreemer ory to be eligible for the Skip your accounts at CSCU must be iginal maturity date of the lo ge. Refer to the account and	t the deferred payment perint/Promissory Note remain op-A-Payment program. Skip be current with no collection an(s). For auto loan payme	od. Except for the skipped unchanged and in full force -A-Payments are limited to action pending. Any credit nts, please check with your
This application is subject to approval and does not Auto Leases, Student Loans, and Visa Credit Card acc		ty loans, Home Equity loans,	Mortgages, Business Purpos	se Loans, Real Estate Loans,
For payments you generate (for example, paymer responsible for stopping the payment for the month				
Other restrictions may apply.				
PLEASE NOTE: Once the form has been submitted, y	ou will be contacted by a rep	oresentative of CSCU to com	plete 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 # Date Received:	Closed End Loan # _ Date Processed:		Indirect Loan # Processed by (teller	· #):

Denied By / Date: