

Skip-A-Payment Loan Extension Agreement (COVID-19)

NAME: _____ DATE: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

MEMBER #: _____ LOAN # _____ MONTH TO SKIP: _____

THERE IS A **\$1** PROCESSING FEE FOR THE LOAN PAYMENT YOU CHOOSE TO SKIP. PLEASE INCLUDE A CHECK FOR THE TOTAL AMOUNT DUE OR COMPLETE THE AUTHORIZATION SECTION BELOW TO DEDUCT THE FEE FROM YOUR ACCOUNT. LOANS QUALIFYING FOR THIS PROGRAM INCLUDE **AUTO LOANS**, AND **SIGNATURE LOANS** ONLY. FIRST MORTGAGES WITH ESCROW, HOME EQUITY LINE OF CREDITS, AND CREDIT CARDS **ARE NOT ELIGIBLE**.

AUTHORIZATION TO DEDUCT **\$1** PROCESSING FEE FROM ACCOUNT

NAME: _____

MEMBER #: _____ SAVINGS/ SUFFIX #: _____

BY SIGNING THIS FORM, YOU HEREBY AGREE TO THE TERMS AND CONDITIONS OF THE SKIP-A-PAYMENT PROGRAM AND AUTHORIZE THAT CROSSPOINT FEDERAL CREDIT UNION SKIP ONE LOAN PAYMENT ON THE LOAN IDENTIFIED ABOVE. YOU ALSO AUTHORIZE THE SERVICE FEE TO BE DEDUCTED FROM YOUR ACCOUNT SPECIFIED ABOVE OR HAVE INCLUDED A CHECK WITH THIS FORM.

PRIMARY ACCOUNT HOLDER SIGNATURE: _____

JOINT OWNER SIGNATURE: _____

APPLICATIONS MUST BE COMPLETED AND SIGNED BY BOTH BORROWERS FOR CONSIDERATION

****Loan must be current at the time of request ****

Credit Union Use Only

- | | |
|----------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> \$1 processing fee | <input type="checkbox"/> Loan Officer _____ |
| <input type="checkbox"/> Joint signature (if joint loan) | |
| <input type="checkbox"/> Received within 5 business days of due date | |
| <input type="checkbox"/> Qualified Loan Type | <input type="checkbox"/> Processed by _____ |