

ALLVAC SAVINGS AND CREDIT UNION

Skip-A-Payment Request Form

(excludes quick cash loans)

Primary Member Name:

Primary Member SSN:

Emp. Number: _____

Loan Number(s):

New due date after skip:

EXTENSION AGREEMENT

The Skip-A-Payment program is for persons who have been members for 90 days or more who are not delinquent to the credit union. Interest on your loan ^(s) listed above will continue to accrue on your loan during the month that you skip your payment. Members who are delinquent will not be allowed to skip a month.

By signing below, you authorize Allvac Savings and 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.

Borrower:

Date:

Co-Borrower:

Date:

If your request is denied you will be contacted via:

Mailing address:

FOR OFFICE USE ONLY:

APPROVED

DENIED

CU Authorization:

Date:

Please keep a copy of this authorization with your original loan documents.