

ALLVAC SAVINGS AND CREDIT UNION

Skip-A-Payment Request Form



Primary Member Name: _____ Employee #: _____

Address: _____

Loan # _____ \$ _____

Loan # _____ \$ _____

Home # _____ Work # _____

Loan # _____ \$ _____

Cell # _____

Loan # _____ \$ _____

Email: _____

There is a \$40.00 fee for **EACH** loan payment (monthly) skipped. The fee can be deducted from your credit union account or you can mail a check to Allvac Savings and Credit Union, PO Box 5030, Monroe, NC 28111.

Please deduct \$ _____ (\$40.00) per loan from

____ Checking

____ Savings

____ Check Enclosed

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____

EXTENSION AGREEMENT

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.