

Skip-A-Pay Application

Applicant Name: _____ SSN/TIN: _____

Co-Applicant Name: _____ SSN/TIN: _____

Home Phone #: _____ Work Phone #: _____

Account #: _____

Please Skip the Following Payment:

Month: _____ Year: _____

On My/Our:

- Auto Loan (L#)
- Personal (Signature) Loans (L#)
- Recreational Vehicle Loan (L#)
- Other Loan (L#)

Please Complete a Separate Skip-A-Pay Application for Each Loan Payment that You Wish to Skip

Payment is currently made by:

☐ Cash Payment

☐ Direct Deposit/Payroll Deduction

☐ Transfer from Credit Union Account #: _____

The fee per loan is \$40.00, which will be deducted from your account upon receipt of the application.

*Payments cannot be made through disability; loan must be at least 90 days old with timely contractual payments made in order to qualify for a payment skip; payment skip is applied to either bi-weekly payments or one monthly payment for one qualifying month (December, January, or February). Interest will continue to accrue during the month you skip your payment, and the skipped payment will be added to the end of your loan term. Applications must be received at least **two days prior** to the due date of the payment that you wish to skip. Other exclusions may apply.*

Modification Agreement (Credit Union Use Only)

I am agreeing to amend the terms of my original agreement and to repay the entire balance of \$ _____

Plus interest at _____ % by paying \$ _____ every _____ (payment frequency)

Beginning: _____ (Date) Reason: _____ Collateral: _____

Processed By: _____ Date: _____

By Signing Below, I/We Agree to and Understand the Terms Stated Above.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Please Return or Mail Form To: CVPH Employees Federal Credit Union
75 Beekman Street
Plattsburgh, NY 12901
Phone: (518) 562-7030

Credit Union Use
Employee Initials:
Fee taken: Yes No
Date taken

