

CU Use: Membership Account # _____ Name: _____



Skip-A-Payment

Please return at least 7 days in advance of loan payment due date.

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600 Fax: 323-505-2613

Skip-A-Payment is a simple solution to free up some cash. Skip your loan payment for a \$29 fee* and use the money for other expenses! You must meet eligibility requirements, and **Skip-A-Payment cannot be applied to credit card, Early Payday, Student Loan or real estate loans.** Apply today or contact the Credit Union for more information.

Yes, I want to take advantage of the CSLA-FCU Skip-A-Payment offer. I have read and agree to the terms below. If a joint account, all borrowers must sign.

Member Information

Name:	Acct #:	
Email Address:		
Home Phone:	Cell:	Work:

Loan Information

Loan Type <i>(example: Auto)</i>	Suffix <i>If unknown, leave blank (example: A)</i>	Payment Amount <i>(example: \$300)</i>

Payment month(s) and year to skip: _____ 20____.

Number of loans to skip: _____ x \$29* = _____. The fee must be paid in advance.

Deduct the fee from my: Checking Savings (must leave \$25 min balance) Payment enclosed

I/we understand that in order to be eligible to participate in the CSLA-FCU Skip-A-Payment program my/our accounts and loans must be in good standing. Loans funded less than 6 months prior to the application date are not eligible for Skip-A-Payment. I/we understand that only 2 extensions or modifications are allowed in each 12 month period, based on the loan payment due date. I/we understand that interest will continue to accrue on the outstanding balance of my/our loan until it is paid in full. I/we understand that I/we continue to be responsible for the entire outstanding principle and interest of my/our loan, and that I/we will be responsible to continue to make the monthly payments after the original maturity date until all principal and interest is paid in full and that my/our pledge of security shall remain in effect until the loan is fully repaid. I/we understand that our next regular payment will be due on the scheduled payment date following the due date(s) for which I/we have elected to skip a payment. I/we also understand that any credit life and/or credit disability insurance on my/our loan will not extend beyond the original maturity date of the loan(s). This offer does not apply to credit card, Early Payday, Student Loan or real estate loans. Additional restrictions may apply. **If a joint account, all borrowers must sign.**

Borrowers' Signature: _____ **Date:** _____

Co-Borrowers' Signature: _____ **Date:** _____

Please note: If your payment is made by Payroll Deduction or ACH Origination, your deduction will occur as scheduled and your payment will be deposited to your Savings.

Please return at least 7 days in advance of your loan payment due date.

**accurate as of 9/2013, fee subject to change.*

CU Use: Approved: _____ Declined: _____

Form Date: 2013