SKIP-A-PAYMENT APPLICATION



Step 1 -	ation below, and indicuest at least five (5) busine		· · · · · · · · · · · · · · · · · · ·	
First Name	Last Name	, , , , , , , , , , , , , , , , , , ,	Contact Number	
0001.4				
CSCU Account #	Loan 1 Number	Loan 2 Number	Loan 3 Number Loan 4 Number	<u></u>
Please skip my payment for**:			—	
January	April	July	October	
February	May	August	November	
March	June	September	December	
**Your regular payment schedule will resume	the month following the skippe	d payment		
Step 2 - I understand that a fe	ee of \$25 will be charg	ged for each loan tha	t is skipped. Deduct the fee from:	í
CSCU Checking Account # CSCU Savings Account #				
If there are insufficient funds in your checking or savings account to cover the Skip-A-Payment fee(s), this request will not be honored.				
Step 3 - Print this form.				
Step 4 - Sign and date this for	m.			
I authorize Community Service Credit Union to skip my payment(s) on the loan(s) above. I understand that by skipping the loan payment(s) I have selected, it will extend the term of the loan(s) and that interest will accrue on the deferred balance of the loan(s) throughout the deferred payment period. Except for the skipped payment and the resulting change to the payment schedule, all other payment terms of your Loan Agreement/Promissory Note remain unchanged and in full force and effect. All loans must have a minimum of twelve (12) months payment history to be eligible for the Skip-A-Payment program. Skip-A-Payments are limited to one (1) skip per loan in any twelve (12) month period, subject to approval. All of your accounts at CSCU must be current with no collection action pending. Any credit life and/or disability insurance on the loan may extend protection beyond the original maturity date of the loan(s). For auto loan payments, please check with your GAP insurance carrier to determine how Skip-A-Payment may affect your coverage. Refer to the account and loan disclosures agreements. Contact us at 936-295-3980 or 877-293-3980 or stop by a location close to you for any questions you may have.				
This application is subject to approval and does Auto Leases, Student Loans, and Visa Credit Car		erty loans, Home Equity loans	, Mortgages, Business Purpose Loans, Real Estate	Loans,
			initiated at another financial institution, etc.) your control of the Skip-A-Payment mo	
Other restrictions may apply.				
PLEASE NOTE: Once the form has been submit	ted, you will be contacted by a r	representative of CSCU to con	plete the process.	
Signed By			Date	
Co-Signer/ Signer *This agreement must be signed by all parties to the loan agreement			Date	
For Internal Use Only				
Open End Loan # Date Received:	_ Closed End Loan # _ Date Processed: _		Indirect Loan # Processed by (teller #):	

Denied By / Date:

Approved By / Date: _