

review. Program subject to change.

Date Received:

Credit Union Use Only. Complete if not submitted electronically.

Date Processed:

Skip-A-Payment Amendment to Loan Agreement

In order to process your request the processing fee must be paid*

- 1. I want to skip my loan payment. I understand there is a processing fee. The processing fee does not reduce the principal or interest owing.
- 2. I understand that deferring the loan payment will result in an extension of the original term and that interest will continue to accrue at the rate disclosed in my original loan agreement.
- 3. I can make up the payment at any time, but extra payments may not change the due date of the next scheduled loan payment. I authorize the credit union to change the payment schedule.
- 4. I am aware that by skipping this payment the benefit from disability, life, and/or GAP insurance may be reduced by the amount of the payment skipped.
- 5. Provided that I qualify for a Skip-A-Payment, I hereby authorize and instruct the credit union to take whatever actions are necessary to implement the skipped payment which shall include, without limitation, stopping any automatic withdrawals/ payments/transfers from another financial institution or from any of my accounts at the credit union. I authorize Credit Union West to take the steps necessary to re-initiate and accept the automatic withdrawals/payments/transfers after the one month skipped payment. I understand that the credit union may not be able to stop the automatic withdrawal/payment/ transfer and agree to hold it harmless for failing to do so.

6. The terms and	conditions of my loan agreement remain	in force.	
☐ By signing below,	I accept the terms of the Skip-A-Paymen	t Amendment and tha	t I am requesting a skip on an eligible loan type.
Date:	Name:		
Phone:	Email:		
Skip Month:	Account #:	Loan #:	Eligible Loan Type:
☐ I understand ther	e is a processing fee for this skipped loa	n payment*	
Total Amount Due:	\square \$25, if loan payment is less than \$40 \square \$40, if loan payment is more than \$40		
☐ I have enclosed a	check for the total amount due (if mailir	g form)	
☐ I authorize Credit	Union West to deduct the total amount of	lue from my Credit Ur	nion West account:
Account #:	☐ Checking	☐ Savings (ID)	
☐ Credit Union	West Credit Card (last 4 of card)		
☐ I verify that the	ne funds for the processing fee are availa	ble in the above acco	unt.
The member agrees to	the above and MUST sign.		
Member's Signature			
Please refer to the Consume offer. In order to skip your pay 6 months. The deferral of loa	er Fee Schedule available online at cuwest.org/resourc /ment, all loans and accounts must be current and in go n payments pursuant to this agreement will automatical	es/rates-and-fees. Processing od standing at the time we rec ly extend the loan maturity da	ee for each skip-a-payment per the Credit Union's Fee Schedule. g fee will be returned to anyone not eligible to participate in this reive your request, and your loan must be opened for more than te by a corresponding period of time. Deferral of payments will tion. Interest will continue to accrue on your loan as it normally

does. Certain restrictions apply and not all loans are eligible for this program. In some instances, it may be required that the member authorize having a credit bureau pulled for

Employee ID:

Verified By: