



Emergency Skip-A-Payment Request Form



Name of Borrower: _____

Name of Co-Borrower/Co-Signer: _____

Account #: _____ Loan Suffix #: _____

Requested # of Month(s) Skipped (Max of 2): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-Mail: _____

Skip-A-Pay Terms and Conditions: By participating in Eagle LA Federal Credit Union's Skip-A-Pay* program, you request that Eagle LA Federal Credit Union defer your loan payment(s) as indicated. You agree and understand that: 1) Members must make their regularly scheduled on time payments for at least 6 months (6 months starts on first due date); 2) If we are unable to stop your ACH payment in time, your skipped payment may be delayed until the next scheduled payment; 3) FINANCE CHARGES will continue to accrue at the rate provided in your original loan agreement, during and after this time; 4) Deferring your payment will result in your having to pay higher total FINANCE CHARGES than if you made your payment as originally scheduled; 5) The payment deferral will extend the terms of your loan(s)** and you will have to make extra payment(s) after your loan(s) would otherwise be paid off; 6) You will be required to resume your payments the following month; 7) You are allowed one Skip-A-Pay per calendar year for a period of two months with a maximum of three per loan term. 8) Must be in good standing with the credit union. Certain restrictions may apply.

Skip-A-Pay Agreement: I/we, hereby request Eagle LA Federal Credit Union to allow me/us to skip the payment(s) on the loan account(s) listed here, due on the dates I/we have indicated. I/we understand that if this request is granted, interest will continue to accrue on the balance, and that skipping this payment will require me/us to make additional payments in order to pay off the loan.

Signature(s) Required:

Borrower X: _____ Date: _____

Co-Borrower/Co-Signer X: _____ Date: _____

On this Skip-A-Pay application form, we have included the following statement: "The undersigned borrower and co-borrower/co-signer (if applicable) hereby makes application to extend the original repayment terms of the loan(s) referenced here by up to two months. This extension in no way otherwise alters the original terms and conditions of the loan contract as previously disclosed to the borrower(s). Interest will continue to accrue on the unpaid balance of the loan at the agreed rate." (All parties who originally signed loan application must also sign the Skip-A-Pay application.) ALL applications are subject to approval.

* Excludes all VISA, PAL, or Real Estate loans.

** If you elected GAP, Debt cancellation, and/or MBC the coverage will not be extended beyond the original maturity date.

For Credit Union Use Only:

Received by: _____ Date: _____ Processed by: _____ Disaster Skips in the last 2 years _____