



# Skip-A-Payment Request

**If you are requesting a skip on more than one loan, please complete a separate form for each loan.**

Member Name \_\_\_\_\_ Member Account Number \_\_\_\_\_

Loan Account/Note Number \_\_\_\_\_ Loan Description \_\_\_\_\_

Current Payment Due Date \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

I am requesting to skip a payment due to circumstances related to COVID-19. The following situations apply to me: *mark all that apply*

- Lost my job
- Reduction in pay/hours worked
- Quit job to become primary caregiver to a COVID-19 patient
- Quit my job to care for school-age children
- Other (*please explain*): \_\_\_\_\_

I understand that by skipping a payment on this loan:

- I will be extending the original terms of the loan according to the interest accrued over the remainder of the term, so the loan will not be paid in full on the original maturity date.
- There is no fee charged for this skip payment request.
- I understand that it is in my best interest to let the Credit Union know if I am having financial difficulty, as there could possibly be other plans that could help me work through this loan.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Keyed in system by _____	Skip number of this loan for current calendar year _____	Fee Collected <input type="checkbox"/> cash <input type="checkbox"/> transfer <input type="checkbox"/> N/A
Skip Number Keyed in CUBICS <input type="checkbox"/>	Remarks code 19 keyed in CUBICS <input type="checkbox"/>	