

Skip-A-Payment Request Form

\$25 processing fee for <u>each loan</u> that is skipped.

Yes, I would like to skip my Express CU loan payr	nent(s) for the month of	
Transfer fee(s) from my Checking Savings Account #		
VISA Debit/Credit Card No:		Exp Date:
Name on Card:		CVV:
Member Name:	Phone:	
Loan Number:	_ Payment Amount:	
Loan Number:	_ Payment Amount:	
Loan Number:	_ Payment Amount:	
Pursuant to your request, we will allow you to skip the above referenced payment(s) on your loan(s). Interest continues to accrue and skipping the payment will result in additional payments required to pay off the loan. Check your GAP policy or other credit protection agreements before you skip the payment to be sure you are aware of any impact on coverage. All Loan Borrowers and Co-Borrowers must sign below.		
Borrowers signature	Date	
Co-Borrowers signature	Date	
Upon completion, mail or fax this request form to:		
Mail: Express Credit Union Fax: (206) ATTN: Loan Department PO Box 94286 Seattle, WA 98124-6586	622-2073	
Your loan(s) must be current with no past due amounts in the last 90 days. Offer applies to Express Credit Union loans that have been opened for at least 12 months. One skipped payment allowed per 12 month period. Offer not valid for mortgage loans, 2 nd mortgage loans, home equity loans, Payday Alternative Loans or credit card payments. Please indicate above which loan account(s) you would like to skip. If semi-monthly or bi-weekly, we will automatically include all payments scheduled during the month in which you choose to skip your payment(s). If we are unable to stop your ACH payments in time, your skipped payment may be delayed until the next scheduled payment. If you elected GAP, the coverage will not be extended beyond the original maturity date. All skipped payments are subject to loan approval.		
Date Received By ECU:	Approv	ed Denied
Loan Officer:		