

Skip - A - Loan Payment for the Holidays!



Simply fill out this form to see if you qualify to skip your loan payment this Christmas PLEASE READ ALL CRITERIA CAREFULLY & COMPLETELY

HOLIDAY SKIP-A-PAYMENT REQUEST FORM

Member Number: Loan Suffix: Payment to be Skipped Name: NOV or DEC Name: NOV or DEC Phone #: Phone #: NOV or DEC Oualifications In order to qualify for the Skip - A - Loan Payment, the following will apply: 1. All and any accounts you are on must be in "good standing" with CCU. 2. You cannot have had an extension in the last 12 months for any reason on the loan you are applying to be skipped. 3. You cannot have been delinquent within the last 12 months on the loan you are applying to be skipped. 4. Offer not valid on real estate loans, credit cards, signature loans or lines of credit. 5. Loan must be a minimum of 12 months old with a current balance of \$500 or more. I agree to all the following conditions: • I will pay the skip a payment fee of \$30.00 per loan in advance, with \$15 of this fee going to the Children's Miracle Network (I will have the \$30 fee available, in my CCU account the day I submit this application, if the fee is not available your request will be denied.) • Interest will continue to accrue at the rate stated on my loan contract and my first payment due after the skipped payment will pay accrued interest before principle. • This is an extension and the maturity date of my loan will increase by the number of payments I have deferred. • I understand this option is only available once per year. • I am aware that by skipping payment (s) the benefit from disability/life insurance, GAP Policies, and or payment protection may be reduced by the amount of the payment skipped. Please deduct the \$30.00 fee from: Account #: Savings OR Checking (Circle One) All responsible parties must sign, including cosigners if applicable.	Date:		(Circle One)
Name: #Co-borrower: #Co-borrow	Member Number:	Loan Suffix:	Payment to be Skipped
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X X			One)
	All responsible parties mus	t sign, including cosigners if applicable.	
Signed Date Signed Date	X	X	
Digited Date Digited Date	Signed	Date Signed	Date

 CREDIT UNION USE ONLY
 Payroll
 Transfer
 Cash

 Date Received ______
 Loan Due Date ______

 Approved by: ______
 Denied Reason: ______

To take advantage of this offer, this form must be received in our office 170 N. Haskell Ave. Willcox, AZ 85643 no later

or automatic transfer payment in which you are applying to skip. Which ever one applies - NO EXCEPTIONS Cochise Credit Union reserves the right to refuse any skip-a-payment request. Loans newer than twelve months are NOT eligi-

than 5 business days prior to your loan due date, scheduled payment via payroll deduction,

ble for the skip-a-payment program.