

# 2020 Skip-A-Payment

Member Name \_\_\_\_\_

Member # \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Email \_\_\_\_\_

Circle One:

Please deduct processing fee from Saving/Checking

\_\_\_\_\_ Enclosed is payment for processing fee

Loan #

Month Requesting to skip

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This addendum amends your Loan Agreement(s) and Disclosures regarding your loan payments. By signing below, you are requesting that Bloomington Postal Employees Credit Union extend the due date of your next regular monthly payment(s) by one month. You understand that interest will continue to accrue on the skipped payment(s) and your entire loan balance(s) and you agree to pay a processing fee of \$\_\_\_\_. All other payment terms of your Loan Agreement(s) will remain in full force and effect.

I wish to participate in the Skip-A-Pay Program. Please defer payment for the loans(s) checked on the certificate. I understand that in order to be eligible to participate in the program, my loan payment(s) must be on time. I understand that I am responsible for the entire outstanding principal and interest of my loans(s), and that I will be responsible to make the monthly payments after the original maturity date until all principal and interest is paid in full and that my pledge of security shall remain in effect until the loan(s) is/are fully repaid.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Collected Fee \_\_\_\_\_

Noted Account \_\_\_\_\_

Forwarded Date \_\_\_\_\_

Remove from PRL \_\_\_\_\_