First Credit Union Skip-A-Payment Form

Skip-A-Payment Amendment to Loan Agreement(s)

YES! I/we want to skip my/our loan payment(s) during the month(s) of Select Month(s)_____, 20____.
I/we understand that this form cannot be submitted more than thirty days prior to the first payment due date, not less than ten days prior to the first payment due date, and that no more than two payments may be skipped with one skip-a-payment application. Number of months to skip: _____

By signing below, you authorize First Credit Union (the "Credit Union") to defer your loan payment(s) as indicated. You agree and understand that: 1) FINANCE CHARGES will continue to accrue at the rate provided in your original loan agreement, during and after this time, and that deferring your payment will result in your having to pay higher total FINANCE CHARGES than if you made your payment as originally scheduled; 2) if you carry disability or life insurance on the loan, these charges will continue to accrue; 3) the payment deferral will extend the term of your loan(s) and you will have to make extra payment(s) after your loan(s) would otherwise be paid off; 4) you will be required to resume your payments the following month; 5) if you elected GAP coverage, the coverage will not be extended beyond original terms; 6) all deferrals are subject to Credit Union approval. 7) any Visa® credit lines, all real estate (home equity or mortgage), auto leases, term-share-certificate secured loans, fresh start overdraft repayment loans, step forward loans, FirstFunds Split Your Payment and FirstFunds Plan Your Purchase loans are not eligible for Skip-A-Payment; 8) incomplete forms will not be honored; 9) the Credit Union reserves the right to determine if prior or subsequent actions may disqualify your loan; 10) you will be notified if, for any reason, the Credit Union will not be able to honor your skip-a-payment request, and you will hold the Credit Union harmless for any consequences resulting from rejection of your request; 11) any loan payments already made are not eligible; and 12) this offer is non-transferable.

Upon receipt and review, the Credit Union will send you a written response to your skip-a-payment request. If you do not receive a written response, please contact us at (480) 756-5500 or toll-free outside the Phoenix area at (800) 732-6986 before skipping your payment to avoid becoming delinquent on your account. All loan payment(s) under the account number listed below cannot be, or have been within the past 12 months, delinquent or in default if payment(s) are to be skipped. All borrowers, co-borrowers and co-signers must sign this form before any loan payment(s) can be skipped and the account must be in good standing to be eligible for this offer. The Credit Union reserves the right to limit the number of skip-a-payment options available to you throughout the life of the loan.

I/we want to skip my/our loan payment(s) on my/our Credit Union loan(s), selected below. I/we also understand that in order for this amendment to be considered valid, all of my/our loan(s) must be paid current and may not exceed my/our current credit limit.

☐ Skip payments on all qualified loans under the account named below.
☐ Skip payments on only the following loan(s):

- ☐ Auto Loan (Loan ID) _____
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- ☐ Share Secured Loan (Loan ID) _____
- ☐ Boat, Motor Home, Travel Trailer Loan (Loan ID) _____
- ☐ Personal Installment Loan (Loan ID) _____
- ☐ Unsecured Line of Credit (Loan ID) _____
- ☐ Motorcycle Loan (Loan ID) _____
- ☐ ATV, Jet Ski, Personal Watercraft Loan (Loan ID) _____

We must receive your request 10 days before the payment(s) due date. This offer is subject to change.

I/we understand that there is a $40.00 processing service cost per loan.
Please deduct my/our processing fee(s) from my/our First Credit Union:

- ☐ Savings Account # _____
- ☐ Checking Account # _____
- ☐ Other (specify) _____
- ☐ Total Service Cost Amount Paid $ _____

Primary Member's Name *(please print)*

Primary Member's Signature

Account Number

Daytime Phone Number

Email Address

Co-Borrower's Name *(please print)*

Co-Borrower's Signature

Today's Date

Co-Borrower's Daytime Phone Number

Co-Signer's Name *(please print)*

Co-Signer's Signature

Today's Date

Co-Signer's Daytime Phone Number

Simply mail or fax this form 10 days before your due date to request to skip your loan payment(s).

Mail to: First Credit Union
P.O. Box 820
Chandler, AZ 85244

or fax your form to (480) 568.8844.

Credit Union Use Only:
Date received _____
Teller ID _____
☐ Service Cost Processed

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