



CAPITOL CREDIT UNION

SKIP-A-PAYMENT APPLICATION AND LOAN EXTENSION AUTHORIZATION

CCU's SKIP-A-PAYment Program offers qualified members an opportunity to skip an eligible loan payment once every twelve (12) months.

Date: _____

Member Number: _____

Member Name: _____

Co-Signer Name: _____

Address: _____

Home/Cell Phone: _____

Work Phone: _____

Email: _____

Loan Suffix You Wish To Skip: _____

Payment Date To Skip: _____

Is The Payment Set Up On Automatic Draft? Yes No

A fee of \$25 is due and payable upon execution of the Skip-A-Payment. Processing fees will be returned to anyone not eligible to participate in this offer.

I authorize payment of the fee by:

- Savings
- Checking
- Enclosed Check Payable to Capitol Credit Union

OR

If I request, the fee may be added to my loan balance. I understand and agree that my election will result in a modification of my Loan Agreement, interest will accrue on the overall loan balance (including on the fee), and my election may result in a larger final payment.

AGREEMENT: I request to skip the payment on the loan account described on this form. By signing below, I agree to extend the original term of my loan with Capitol Credit Union by one month, and I understand that interest will continue to accrue on my loan during the deferred payment period. I understand that any loan payments which have already been made are not eligible for the SKIP-A-PAYment Program and cannot be deferred. I understand that Capitol Credit Union reserves the right to revoke this offer if any of my accounts become delinquent. I understand that an incomplete SKIP-A-PAYment application will not be processed. I will be notified if for any reason CCU will not be able to honor my SKIP-A-PAYment request and hold CCU harmless for any consequences resulting from rejection of my request. I understand that any GAP or other insurance may be affected by skipping a loan payment and accept the responsibility of verifying with my insurance company/companies regarding their policies before participating in Capitol Credit Union's SKIP-A-PAYment Program. I understand that my signature acknowledges acceptance and understanding of all rules related to the SKIP-A-PAYment Program, outlined on this form.

Signature: _____

Date: _____

The SKIP-A-PAYment (SAP) Program is not available for term, Buy Now Pay Later, business, mortgage, home improvement, home equity, auto lease, collection workout, Visa® Classic or Platinum, MasterCard® Classic or Platinum, or Line of Credit loan accounts. Loans must be current to qualify for SAP. To be eligible, the member must have made six consecutive monthly payments from the date of the initial loan advance. Eligible loans may only be skipped once every twelve month and a maximum of 5 times for the life of the loan. Capitol Credit Union reserves the right to deny any SAP requested. Completed SAP forms must be received at least five (5) business days before the loan payment due date or actual date of the draft, whichever is sooner. Requests received after the above mentioned dates will be processed for the following month.

NOTE: IF YOUR LOAN IS PAID BY ACH (AUTOMATIC TRANSFER) FROM ANOTHER FINANCIAL INSTITUTION, IT IS YOUR OBLIGATION TO INSTRUCT YOUR OTHER FINANCIAL INSTITUTION NOT TO FORWARD PAYMENT TO CAPITOL CREDIT UNION DURING THE SKIP-A-PAY MONTH.

CAPITOL CREDIT UNION

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www.ccutx.org