



## SKIP-A-PAYMENT AMENDEMENT TO LOAN AGREEMENT(S)

YES! I/we want to skip my/our loan payment during the month/year indicated below. I/we understand that this form cannot be submitted more than 10 days prior to the payment's due date. I/we understand that this will extend the term of the loan and that the loan will accrue additional FINANCE CHARGES on the entire unpaid loan balance. I/we authorize the credit union to change the payment schedule. I/we understand I/we cannot skip the first or initial payment on any loan, and that only one month's loan payment can be skipped in a calendar year. All of the terms and conditions of my/our loan agreement remain the same except as noted above. I/we understand that if I/we have set up a periodic payment or auto transfer in Homebanking, we must maintenance it or the payment may still be taken even though the skip has been approved.

NOTE: Loan cannot be delinquent or in default if payments are skipped. All responsible parties indicated on the original note/ security agreement must sign this amendment before any loan payment can be skipped. All Accounts, primary and joint, including savings, checking, and loans must be current. You must have a history of at least 6 consecutive months of on-time payments with no past due amounts. All responsible parties indicated on the original note/security agreement must sign this amendment before approval. One form must be completed for each loan. I/we understand the following loans do not qualify: MasterCard, Real Estate, Overdraft Protection, Work-Out and Line of Credit.

**I/we are requesting to skip a loan payment for the following:**

Account #: \_\_\_\_\_ Loan #: \_\_\_\_\_ For (month/year): \_\_\_\_\_ / \_\_\_\_\_

**I/we understand that there is a \$25 processing fee per loan. Please deduct fee from my:**

Savings Account  Checking Account  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Primary Member's Name (please print)

\_\_\_\_\_  
Co-Borrower's Name (please print)

\_\_\_\_\_  
Primary Member's Signature

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

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
E-Mail Address

Mail or drop off this completed and signed form 10 days before your due date to:

Beverly Hills City Employees Federal Credit Union

9298 W 3<sup>rd</sup> Street, Beverly Hills, CA 90210

P.O. Box 5327, Beverly Hills, CA 90210

### CREDIT UNION USE

Periodic Payment Checked \_\_\_\_\_ Fee \_\_\_\_\_ Narration: Member Number, Loan Type, Skip Payment

Loan History Checked \_\_\_\_\_

Process Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_