

Skip A Payment

PLEASE READ CAREFULLY!

To participate in the Skip-A-Payment Plan please check the Box below and follow the instructions.

The Plan has a \$25.00 participation fee.

I elect to participate in the Skip-A-Payment Plan.

Enclosed is a check for \$25.00 payable to Access Community Credit Union.

I elect to have the participation fee withdrawn from my Access CCU account

_____ checking or _____ savings acct.

My Access account # is _____

My phone number is _____

Please defer my payment

For the month of _____

X _____

X _____

Loan # _____ All eligible _____

I agree with the terms and conditions listed below.
All deferred payments must be skipped in same month!

(NOT AVAILABLE ON REAL ESTATE, HOME EQUITY, HOME IMPROVEMENT, STOCK, TERM, OVERDRAFT, LINE OF CREDIT AND SPECIALTY LOANS)

- **If you have not returned loan papers to ACCU or completed title work, you may be ineligible for SKIP-A-PAYMENT.**
- **YOU MUST HAVE MADE AT LEAST ONE FULL PAYMENT ON YOUR LOAN AND ALL LOANS INCLUDING MASTERCARD AND VISA MUST BE CURRENT.**
- Your written request to advance a payment must be received 10 days prior to your payment due date.
- If your loan has a co-signer, both parties must sign the request.
- ACCU reserves the right to deny any Skip-A-Payment request, including loans involved in bankruptcy.

I understand the Skip-A-Payment option in no way alters the terms and conditions of my original loan contract as previously disclosed. Interest at the agreed rate will continue to accrue on the unpaid balance of my loan. Loan payments made by payroll deduction will be deposited to the share account. Please be advised that if you have GAP coverage on your loan(s) and elect to participate in the Skip-A-Payment Program, future claims may be reduced by the amount of deferred (skipped) payments.

I understand that all loans I elect to defer must be in the same month. I understand that the application fee is for participating in the plan regardless of whether I elect to skip any payment.

I understand and agree with the above terms, and request that you skip any payment(s), requested in this application, based on the appropriate pay method of payroll deduction, cash payment, automatic transfer, or bank draft.

Accepted by _____
ACCU staff member

**MAIL SIGNED FORM TO : ACCESS COMMUNITY CREDIT UNION
P O BOX 7407
AMARILLO, TX 79114**

ANY QUESTIONS CALL: 806-353-9999 OR 800-687-2990