



I would like to skip my monthly loan payment due during the month(s) shown below for loan number _____. I understand first mortgage loans, home equity loans, home equity lines of credit, mobile home loans, personal lines of credit, credit card accounts, and commercial loans and lines of credit are ineligible for the Skip-A-Pay Program.

If this request is approved by the Credit Union, I understand and agree that interest will continue to accrue on the loan and will increase the total finance charge paid. I further understand that my final scheduled loan payment will be increased accordingly.

I understand that if I am permitted to skip the payment set forth above, my obligation to make my regularly scheduled loan payments shall resume the following month. I agree that I will resume making scheduled payments beginning with the payment due during the month following the skipped payment and will make all scheduled payments thereafter.

I agree that except as specifically set forth in this Amendment, all provisions of the original loan agreement shall remain in full force and effect.

I understand that if I have entered into any GAP, credit life, or credit disability insurance contracts with respect to this loan, skipping a payment may affect the benefits available to me under those contracts.

I understand that this Amendment is subject to approval by Community Financial Credit Union and if applicable, any co-maker, co-signer, or guarantor on my loan. I further understand and agree that I will be ineligible to skip a payment if this loan or any other loan I hold with Community Financial is more than 29 days delinquent and/or if I have been granted the right to skip a payment on this loan within the 120-day period previous to this request. I understand that my request to skip a payment must be received and approved by the credit union at least five (5) business days prior to the payment I am requesting to skip. Community Financial reserves the right to revoke this program if any of my accounts are in default or if I fail to meet any other condition or criteria specified herein.

Please deduct the \$25 fee, per payment skipped, from my Community Financial account number _____ (savings checking)

I have attached a check for the \$25 fee, per payment skipped.

Borrower Signature

Date

Joint Borrower Signature

Date

Telephone Number _____

Each of us who signs below is a co-maker, co-signer, or guarantor of the loan described in the Skip-A-Pay Amendment above. By signing below, each of us agrees to the extension of the above described loan under the terms of the Skip-A-Pay Amendment and agrees that the extension will not alleviate our liability to repay the loan(s).

Co-signer/Co-maker/Guarantor

Date

ALL PARTIES TO THE ORIGINAL LOAN AGREEMENT MUST SIGN ABOVE.