

METRO Skip-A-Payment Request Form

Use this authorization form to apply for the Skip-A-Payment Program. Return the completed form with a \$30.00 fee to METRO Federal Credit Union, Attn: Loan Dept. If the fee is withdrawn from your account, you may fax this form to (847)670-0401. A separate form must be completed for each loan. **Form and fee must be received by METRO at least three (3) days before your loan payment is due.**

MEMBER INFORMATION

NAME _____ ACCOUNT NUMBER _____

ADDRESS, CITY, STATE : _____

DAYTIME PHONE # _____ EVENING PHONE # _____

LOAN INFORMATION

LOAN NUMBER _____ MONTH TO SKIP _____

PAYMENTS ARE CURRENTLY MADE BY: CASH / CHECK

AUTOMATIC TRANSFER FROM SAVINGS/CHECKING

PAYROLL DEDUCTION

ONLINE BANKING RECURRING TRANSFER

For Payroll Deduction Loan Payments. Indicate two (2) consecutive payroll loan allocation dates to skip:

If checked, YOU must stop recurring transfer for this payment.

1) _____ 2) _____

PROCESSING FEE OPTIONS & SIGNATURE

I WOULD LIKE TO PAY THE \$30.00 PROCESSING FEE:

ENCLOSED IS A CHECK

TRANSFER FEE FROM ACCOUNT # _____

SAVINGS

CHECKING

I have read the agreement below and have met the requirements of this request.

BORROWER (SIGNATURE REQUIRED)

DATE

CO-BORROWER (SIGNATURE REQUIRED)

DATE

I must be a member in good standing with all of my loans current in the past 6 months to participate in METRO's Skip-A-Payment Program. METRO reserves the right to deny this benefit to anyone who has not made scheduled payments on time. This program is not available on loans during the first six (6) months of the loan agreement. Two Skip-A-Payment requests are allowed in one calendar year (three months in between Skip-A-Payment requests) with a maximum of 4 (four) Skip-A-Payments for the life of loan. There is a \$30.00 processing fee for each Skip-A-Payment request. Each loan requires a separate request form. I may skip one month's full payment on the eligible loan types listed above. Finance charges will continue to accrue on a daily basis at the Annual Percentage Rate set forth in my loan agreement, both during and after the deferral period. This means that this deferral of scheduled payments will result in paying a higher total finance charge and possibly a greater total number of payments. In all other respects, the provisions of my original agreement remain in full force and effect. I agree that I will resume making scheduled payments beginning with the payment due during the month following the deferral and will make all scheduled payments due thereafter. My next monthly payment will include the finance charges from the skipped month. Monthly Premiums for Credit Life/ Disability will still be added to the loan balance on the skipped month.

OFFICE USE ONLY

DATE RECEIVED ____/____/____

LOAN # _____

DATE OF NEXT PAYMENT DUE ____/____/____

FEE POSTED ON ____/____/____

BY _____

PAYROLL DATE ____/____/____

APPROVED BY _____

DATE _____

PAYROLL DATE ____/____/____

Phone 847.670.0456

www.mcu.org

Fax 847.670.0401