



Emergency
SKIP-A-PAYMENT
 Form

If you or your family have been affected by the COVID-19 pandemic, please fill out this emergency Skip-a-Pay program form that will allow up to 2 months of loan payments to be skipped. We understand that during these unprecedented times you may be facing some financial challenges—METRO is here to help.

To take advantage of the Skip-a-payment, complete the following information and submit to METRO for processing by email to accountservices@mcu.org or by fax to (847) 670-0401. For questions, or more information, please contact the office at 847-670-0456.

MEMBER INFORMATION:

NAME _____ ACCOUNT NUMBER _____

DAYTIME PHONE # _____ EMAIL _____

LOAN INFORMATION:

Please list the loans you wish to skip and the corresponding month(s) (up to 2 months skipped per loan.)

LOAN NUMBER # _____ MONTH(S) TO SKIP _____

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PAYMENTS ARE MADE BY: CASH / CHECK AUTOMATIC TRANSFER FROM A METRO ACCOUNT
 PAYROLL DEDUCTION ONLINE BANKING RECURRING TRANSFER *(If checked, YOU must stop recurring transfer for this payment.)*

AGREEMENT & SIGNATURE

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, requests within the first six (6) months of the loan agreement, or loans with more than four (4) Skip-a-payments during the life of the loan. I may skip one month's full payment on the eligible loan types. 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 APPROVED BY _____ COMPLETED BY _____ NEXT PAYMENT DUE: _____
 APPROVED DATE _____ COMPLETED DATE _____ _____/_____/_____