AMERICA'S CREDIT UNION

SKIP-A-PAYMENT

Please print and complete this application then return it to America's Credit Union by mail, fax, email or in person at any ACU branch.

Mail to: America's Credit Union
P. O. Box 469046
Garland, TX 75046

Fax to: 972-494-5350

Email: info@americascu.org

Member Name_____

Member Number_____ **Loan #**_____

Home Phone: _____ **Other Phone:**_____

Payment Amount $_____□ **Mo. Pmt.** □ **Bi-weekly pmt.** □ **Semi-monthly pmt**

Skipping Payment(s):_____**Next Due Date:**_____

By submitting the Skip-A-Payment Request to America's Credit Union, I am requesting that my monthly payment be deferred. I understand that my monthly loan payment may be deferred if it is not one of the first six monthly payments due on my loan, more than one time in a one year period or not otherwise in default. Offer excludes mortgage, home improvement loans, line of credit loans, and Visa Credit Cards. I understand that by taking advantage of this skip-a-payment coupon my loan will be extended for each skip-a-payment granted. I understand that the interest will continue to accrue on my unpaid balance and that my **$25.00 fee** will be collected as part of my deferred payment. I further understand that my loan agreement with the credit union provided for regular monthly payments, that this request does not change my legal obligation to America's Credit Union, and America's Credit Union is informally permitting me to defer the monthly loan payments.

Borrower Signature:_____

Co Borrower Signature:_____

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CREDIT UNION USE ONLY:

Loan Officer:_____ **Recommended** □**Yes** □ **No**_____

Reason Submitted to Committee: _____

□ **Staff Loan Comm.** □**Management Loan Comm.** □ **Volunteer Loan Comm.**

□ **Approved** □ **Declined** □

Conditions or Comments_____

Committee Signatures:

1)_____ **3)**_____

2)_____ **4)** _____