



SKIP-A-PAYMENT APPLICATION

All borrowers are required to sign.



You may choose ONE MONTH to skip a loan payment without penalty.*

This offer applies to each loan you have with Commonwealth Credit Union excluding Mortgage, Business and Home Equity Loans. To qualify, at least six months of consecutive on-time payments must already have been made on each loan. The processing fee is \$59 per loan. If you have any questions, contact the loan department at (815) 937-7447.

Fill out the sections below and return to:

CommonWealth Credit Union
Attn: Loan Department
P.O. Box 380 Bourbonnais, IL 60914

Email: dpatterson@cwcuc.com
Fax: (815) 937-7443

Name of borrower(s): _____

Account #: _____ Loan #(s): _____

Phone #: _____ Email: _____

Month to skip (circle one): July or August

Deduct the \$59 fee per loan from my CWCU account #: _____ Checking Savings

Enclosed is my check/ money order for the \$59 fee per loan.

I will deposit cash into my CWCU savings account for the \$59 fee per loan. ***\$ must be deposited when form is submitted.***

Signature(s) -all borrowers on each loan payment skipped must sign and date:

Borrower 1 signature: _____ Date: _____

Borrower 2 signature: _____ Date: _____

Owner of Collateral: _____ Date: _____

*Certain restrictions apply. To qualify, at least six months of consecutive on-time payments must already have been made on each loan. No more than six total skip payments and/or extensions are allowed in the life of any one loan. All loans must be current and accounts must be in good standing. By signing above, I desire that the above noted payment(s) be skipped and I authorize the credit union to advance the due date on the loan(s) specified by one month. I understand that if the due date for the loan(s) has/have already passed, this form will be returned to me and the payment(s) will not be skipped. I understand that the credit union will not process this request if any of my debts at the credit union are past due, or if any of my savings/checking accounts are overdrawn (other restrictions apply). Anyone who has received a hardship extension throughout the calendar year may not be eligible for the skip-a-pay program. All skip-a-pay extensions are subject to final review by the loan department to verify eligibility. I authorize the credit union to deduct the fee per loan from my savings or checking account unless I enclose another form of payment. I understand that if I do not pay by check, and if I do not have the funds available in my savings or checking account on the day the form is received by the credit union, this form will be returned to me and my payment(s) will be due as normal. I understand that interest will continue to accrue on the loan(s). I understand that by skipping a payment, the maturity or final payment date as disclosed on my note, truth in lending disclosure, and/or security agreement will be extended beyond the date originally disclosed. I understand that anyone who is a cosigner, joint borrower, or owner of collateral on the loan(s) must also sign before the payment(s) can be skipped. I understand that if I have entered into any GAP, credit life, or credit disability insurance contracts, skipping a payment may affect the benefits available to me under those contracts.

Credit union use only:

Loan #: _____ Skip #: _____ Date received: _____ Due Date: _____ Autopay: _____ Autopay advanced: Y or N
Date processed: _____ Fee posted: _____ Employee: _____

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