

OFFICIAL SKIP A PAYMENT REQUEST

THIS AGREEMENT MUST BE SIGNED BY ALL BORROWERS, CO-BORROWERS AND CO-SIGNERS

By signing below, you authorize Champaign Postal Credit Union to advance your loan due date by one month and understand this may extend the maturity date of your loan. A \$25 administration fee will be added to the balance of each loan you chose to skip a payment for. Interest will continue to accrue on the unpaid balance during the month you skip a payment, and when payments resume, the unpaid interest will be collected first. Members must be in good standing and all loans current to participate. CPCU reserves the right to refuse a skip-a-payment request. Payments made through payroll deduction or direct deposit will be transferred to your primary savings account during the month skipped. Requests must be received at least by the 8th of the month in which you request to skip a payment.

It is mutually agreed that this form constitutes an extension request on Account# _____, Loan# _____. The loan payment will be deferred and added to the end of the original loan term. All other terms and provisions of the original loan agreement are unchanged and remain in effect. Interest continues to accrue.

- 1) Please circle which payment plan pertains to your loan: PAYROLL OR PENSION DEDUCTION or CASH/CHECK
- 2) Please circle which month's payment you'd like to skip: JANUARY or JULY
- 3) Please indicate how you'd like to pay the fee(s): DEBIT MY SHARE 1 ACCTOUNT or CHECK ENCLOSED

Borrower's Signature	Date	Co-Borrower's Signature	Date
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Please return to: Champaign Postal Credit Union, PO Box 3637, Champaign, IL 61826-3637

(Detach here) _____

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