

CT Labor Department FCU

200 Folly Brook Blvd.

Wethersfield, CT 06109 Ph (860) 263-6500 Fax (860) 263-6508

Skip-a-Payment Request Primary Borrower

Name: _____

Account No.: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Loan Number(s): _____ Current Due Date: _____

Month(s) You Wish To Skip: _____ (Two month maximum per loan per year)

Pay with enclosed check

Withdraw funds from CLDFCU Share Account# _____

You must be a member in good standing and all of your loans must be current to participate in CLDFCU's Skip-a-Payment program. No more than 2 Skip-A-Payments per loan per year. By signing below, you authorize CLDFCU to advance your loan due date by one or two months (depending on request). You understand that this request may extend the term of your loan. You acknowledge that this request does not change your legal obligation to the Credit Union, that your loan agreement with the Credit Union provides for regular monthly payments, and that the Credit Union is merely informally permitting you to defer payment for the month(s) indicated above. Interest will continue to accrue on the unpaid balance during the month you skip a payment. When payments resume, unpaid interest will be collected first. You acknowledge that there is a \$50.00 processing fee per loan payment skipped in order to skip a payment and payment of this fee must be presented before the request can be processed. If approved, your regular monthly payment will resume immediately following the month(s) you indicate above.

CLDFCU reserves the right to refuse any Skip-A-Payment request.

**Not eligible if member has other loans that are delinquent

** If loan has a co-borrower, cosigner or guarantor, co-borrower/cosigner/guarantor must sign Skip-A-Payment request.

Borrower Signature

Date

Co-borrower/Cosigner/Guarantor Signature

Date