

2023 MTCU Skip a Payment Program

PLEASE PRINT

Member Name _____ Member Number _____

Loan #(s) _____ Payment amount(s) to Skip _____

Phone # _____

Donation is \$5.00 per loan per month.

By signing and dating the coupon, you agree to amend the terms of your original loan agreement(s) by two months due to the skipped payment. You also agree to repay the entire unpaid balance of your MTCU's loan(s) at the interest rate and according to the payment schedule dated on your original loan agreement(s) if applicable. You agree to the terms of the MTCU Skip a Payment Program.

You agree as long as the donation is in your account, and your account is current, MTCU will honor your request ***unless you Revoke your Right in writing***. Once the Skip a Payment is revoked by you, MTCU will not allow the reinstatement of the Skip a Payment Program and you will be responsible for all payments due. Any faxed transmission of your signature may be held equally enforceable as your genuine signature.

If your loan payment(s) are made through payroll deduction or automatically from another financial institution, your money will be directed to your primary savings account for the months you have skipped.

Please take my donation from my Checking/Savings Account # _____. **I understand the donation will be withdrawn immediately and payments will not be skipped until June's payment has been made. I also understand if loan is delinquent on July 1st that I will be disqualified from the Skip a Payment program. You understand and agree that any additional payments (those beyond the original maturity) resulting from the exercise of the skip payment(s) may not be covered by GAP, a debt protection product, and that it is your responsibility to verify the impact of any skipped payment(s) on your insurance coverage.**

Primary Borrower Date

Co-Borrower Date

Owner of Collateral (If applicable) Date