

SKIP A PAYMENT APPLICATION

| Member Name: | | | Member Number: | | | |
|---|---------------|--------|----------------|----|---------------|--|
| Mailing Address: | | | | | | |
| City: | | State: | | | Zip: | |
| Home Phone: | | | Cell Phone: | | | |
| Email Address: | | | | | | |
| Please skip a payment for my: | | | | | | |
| Loan # | Loan Descript | | | | Month to Skip | |
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| I elect to pay the \$25 processing fee (per loan): | | | | | | |
| Deduction from my Share Account # | | | | | | |
| By requesting a skip payment, you have authorized Gerber Federal Credit Union to advance your loan due date by one month on the loan(s) indicated and acknowledge that this may extend the maturity date of your loan. You acknowledge that this request does not change your legal obligation to Gerber Federal Credit Union, that your loan agreement with Gerber Federal Credit Union provides for regular monthly payments and that Gerber Federal Credit Union is merely informally permitting you to defer payment for the month 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 \$25 processing fee in order to Skip A Payment and payment of this fee must be presented (available) at the time of request. Your regular monthly payment will resume immediately following the month skipped. | | | | | | |
| Member Signature: | | | | Da | ate: | |
| Mail or fax completed form to: Gerber FCU • PO Box 116, Fremont, MI 49412 • Fax (231) 924-6686 | | | | | | |
| TO BE COMPLETED BY GERBER FCU | | | | | | |
| Approved By: | | Date: | | | | |
| Comments: | | | | | | |