

HOLIDAY SKIP-A-PAYMENT FORM

Name(s) _____

Account Number _____ Loan Number _____

SKIP-A-PAYMENT FOR:

NOVEMBER

DECEMBER

JANUARY

LOAN PAYMENT IS MADE:

BI-WEEKLY

SEMI-MONTHLY

MONTHLY

PAYMENT RESUMES ON _____

MONTHLY LOAN PAYMENT _____

FEE

THE FEE FOR THIS DEFERRAL SHALL BE \$20.00

HOW DO YOU WISH TO PAY THE FEE?

- DEDUCT FROM SHARE/SAVINGS ACCOUNT**
- DEDUCT FROM SHARE DRAFT/CHECKING ACCOUNT**
- CHECK ENCLOSED**

TERMS

By signing this form you authorize an extension in the terms of your KCACU loan. The processing fee per loan skipped will be deducted from your account as indicated above or you can pay by check.

You agree to a payment deferral for one monthly loan payment on the above listed loan. You understand that this deferral is not available for a first loan payment and that you may have only one deferral in a twelve-month period for any one loan. In order to receive a deferral, you must not be in default on any of your obligations to the credit union. In addition to the above listed deferral fee, finance charges will continue to accrue during the deferral and the total finance charges that you pay on your loan will be greater than if you elect to take no deferral. The maturity date of a closed-end loan will be extended.

K C Area Credit Union reserves the right to suspend this promotion at any time, for any reason.

This form must be signed by all co-makers or co-applicants on loan.

Signature Date

Signature Date