## Skip-A-Payment Request Form

			Phone (H):				
Name		Account No.			(W):		
I would like to skip o	one payment (November, Decembe	r or January) for each of the i	following loans:*		(C):		
1.		2.		3.			
Loan Account Suffix or Type		Loan Account Suffix or Type		Loan Account Suffix or Type			
Payment Amt	. Month To Skip	Payment Amt.	Month To Skip	Payment Amt.	Month To Skip		
I would like to pay the following method	ne \$30 processing fee for each loan d (check one):	payment I wish to skip by					
<ul> <li>□ Enclosed Check</li> <li>□ Deduct From Regular Share Account</li> <li>□ Deduct From Central Credit Union Checking Account</li> </ul>			I(we) understand that my(our) request to skip a loan payment is subject to credit union approval and that by taking advantage of this offer I(we) am(are) amending the original terms of my(our) loan agreement(s). I(we) also understand interest will continue to accrue on my(our) loan balance(s) during the month in which I(we) skip a payment and that my(our) original loan term(s) may be extended. Signature of loan co-applicant is required.				
*To take advantage of this offer, your credit union accounts must be in good standing and you must have opened your loan accounts at least 75 days prior to the due date for the payments you want to skip. Not valid for Visas.							
Home Equity Loans or Lines of Credit, Mortgages, Payday Plus Loans or Central Fast Cash. All skip- a-payment requests must be received at least five days prior to your payment due date in order to be processed. This offer ends 1/31/26.			X Signature	Date X Co-A	pplicant's Signature	Date	



## **CENTRAL CREDIT UNION OF ILLINOIS**

Bank on the Difference • www.centralcu.org 1001 Mannheim Road • Bellwood, IL 60104 (708) 649-6420 • (708) 649-6429 Fax If you're paying by check, please return your form and check in person or by mail. Otherwise, you can fax your form to (708) 649-6429.