## Skip-A-Payment Request Form

					Phone (H):		
Name		Account No.			(W):		
I would like to skip one	payment (November, December	er or January) for each of the f	ollowing loans:*		(C):		
Loan Account S	uffix or Type	2. Loan Account Suffice	z or Type	Joan Accoun	nt Suffix or Type	-	
Loan Account 5	umx or Type	Loan Account Sum.	COI Type	— Doan Accou	it Sum of Type		
Payment Amt.	Month To Skip	Payment Amt.	Month To Skip	Payment An	nt. Month To Skip	-	
would like to pay the the following method (	\$30 processing fee for each loan check one):	payment I wish to skip by					
<b>=</b> 1	Enclosed Check Deduct From Regular Share Account Deduct From Central Credit Union Checking Account		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				
-	r, your credit union accounts must be in go lays prior to the due date for the payments		a payment and that my(o loan co-applicant is requ	, ,	s) may be extended. Signa	ture of	
Equity Loans or Lines of Credit, Mortgages or Payday Plus Loans. 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 1/31/24.			X	<u>X</u>			
at icast five days prior to your p	payment due date in order to be processed.	11118 Office Clius 1/31/24.	Signature	Date Co	-Applicant'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.