



Skip-A-Payment Application

Please fill out the information below:

Primary Member Name: _____ Member#: _____

Joint Member Name: _____

Phone #: (_____) _____ Email: _____

Address: _____ City, State, Zip: _____

Indicate the loan(s) you want to skip:

Loan # _____ Loan # _____ Loan # _____

Choose a payment method for the fee(s):

_____ Payment enclosed _____ Deduct fee(s) from Savings

I hereby request Macon-Bibb Employees Credit Union to authorize Skip-A-Payment(s) on my loan(s) for the subsequent payment(s). I agree to and understand the following conditions:

1. There is a **\$35 non-refundable (signature loans)** and **\$75 non-refundable (vehicle loans)** fee per loan per skip processed. **Only one skip per loan is allowed for the current year.**
2. The maturity date of my loan will be extended. GAP coverage on auto loans may be affected.
3. Finance charges will continue to accrue on existing loan balances.
4. The due date on eligible loans will be extended one month or **a maximum of 2 bi-weekly pay periods**. If you elect to skip payroll deduction payments the funds will be automatically deposited into your savings account once received on the payroll deduction file.
5. Borrower must have made at least 3 monthly payments to be eligible for skips.
6. **All loan accounts must be current with no late payments within the past 90 days.**
7. The skip-a-pay program is discretionary and is reserved for members whose present accounts and loans are in good standing.
8. The skip request must be received at least 7 business days before the regular payment due date.
9. Offer subject to approval. All borrowers must sign this application.

Borrower's Signature: _____ Date: _____

Co-Borrower's Signature: _____ Date: _____