Skip-A-Pay

By signing below, I (we) hereby request that you extend my loan by allowing me (us) to postpone my payment on the loan indicated below after processing the \$25 fee, which will be drafted from my account. I (We) understand and agree that postponing a payment will not adversely affect the payment record of my account and that by postponing a payment I (we) will be extending the loan beyond its original maturity date. I (We) further understand that interest will continue to be calculated on the total outstanding balance, and that the final payment may increase due to the additional interest accrued during the skipped payment.

Member Name	 Co-Maker/Co-	Co-Maker/Co-signer Name		
Address	Phone Numbe	er		
City, State, Zip	Account Num	ber		
Skip my payment(s) for: Due D				
Loan ID Number	Payment Amount		Current Due Date	e
Please withdraw the \$25.00 postpo	onement fee from: Account#		Checking	Savings
Member Signature		Date		_
Co-Maker/Co-signer Signature (required)		Date		_
Please submit your completed Skip-A-Pa Midland MI 48641-2165.	y form in person, by fax to 989.8	337.1506 or n	nail to MFCU, PO	Box 2165,
To postpone your payment, this form m prior to your loan payment due date. The		nion office at	least five (5) busi	ness days
All loans must be current to qualify for a Skip-A-charged off loans that were not redeemed or ha Mortgages, Home Equity Line of Credit Loans, Pr Whatever Loans, Business Loans and VISA cannot disability insurance, are ineligible for Skip-A-Pay. proper notification and disclosure. Some restrict	ve a current Trouble Debt Restructure rime Line of Credit Loans, Overdraft Lin of be postponed. Loans with active cred The credit union reserves the right to	or Loan Modific ne of Credit Loan ditor-placed insu	ation. First Mortgage ns, Balloon Loans, ERN urance, and those bei	s, Second N Bridge Loans ing paid by
Internal Use Only Rec'd/ Processed By_		Fee		
Advance Due Date	Advanced Payment Method			

