Skip-A-Payment Request Form

					Phone	e (H):		
Name Account No.						(W):		
I would like to skip o	ne payment (November, Decembe	ollowing loans:*			(C):			
1. Loan Account Suffix or Type		2. Loan Account Suffix or Type		Loan Account Suffix or Type				
Payment Amt.	Month To Skip	Payment Amt.	Month To Skip	Paymen	it Amt.	Month To Skip		
I would like to pay th the following method	e \$30 processing fee for each loan (check one):	payment I wish to skip by						
	 □ 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 a payment and that my(our) original loan term(s) may be extended. Signature of				
_	ffer, your credit union accounts must be in go 5 days prior to the due date for the payments		a payment and that my(loan co-applicant is requ	, ,	erm(s) may b	e extended. Signati	are 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 1/31/25.			X		X			
	•		Signature	Date	Co-Applica	ant'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.