SKIP-A-PAYMENT FORM

By signing the Skip-A-Payment Form, you request that St. Thomas Credit Union defer your loan payment(s) as indicated on this form, and that you have read and agree to the Skip-A-Payment terms and conditions outlined below:

1. You will be charged a $35 service processing fee for EACH loan payment you choose to skip. This means you can skip one (1) monthly, two (2) biweekly, two (2) semi-monthly, or four (4) weekly payments, per loan.

2. You may pay the $35 service processing fee by cash (in person only), check, by authorizing us to deduct it from your savings or checking account at the Credit Union, or by adding it to the loan balance. If your check is not honored by your financial institution for any reason, you will be charged a $15 return deposit check fee. This fee will be deducted from your STCU accounts if fund is available. If no fund is available, the return deposit check fee will be added to your loan balance. Additionally, your skip-a-payment offer will be revoked if already processed, and your due date will be reset to the date prior to the Skip-A-Payment request. THIS COULD PUT YOUR LOAN IN A DELINQUENCY STATUS.

3. You may request for two (2) skip-a-payments every twelve rolling months per loan, if specifications are met. The rolling months date will start with the first skipped payment, and ends twelve (12) months later.

4. You must have established at least three (3) consecutive months of loan payments between each Skip-A-Payment request.

5. Skip-A-Payment Form must be submitted within 30 days of the due date of the loan payment you are requesting to skip. Form processing received outside of these timeframes may be held over until the terms or conditions apply

6. All co-borrowers/guarantors on the loan(s) must agree and sign the Skip-A-Payment Form.

7. If your loan is paid automatically or through payroll deduction, the funds will remain in your account. If payment is setup by ACH (Automatic Clearing House) to be paid from another financial institution, the payment will not be pulled for the skipped month if request is approved at least five (5) business days before the loan due date.

8. You will be required to resume your payment the month following your skipped payments.

9. FINANCE CHARGES will continue to accrue at the rate provided in your original loan agreement during and after this time. Deferring your payment will result in you having to pay more FINANCE CHARGES than if you had made your payment as originally scheduled.

10. The payment deferral will extend the terms of your loan(s) and you will have to make extra payment(s) after your loan(s) would otherwise be paid off.

11. Credit Life and Credit Disability Insurance premiums, if previously elected, will continue to be added to your loan.

12. For auto loans, if you elected GAP Insurance, the coverage will not be extended beyond the original maturity date of your loan.

13. Participation in the Skip-A-Payment program in no way alters the terms and conditions of the original loan contract(s) as previously disclosed and agreed by you/co-borrowers/guarantors.

14. St. Thomas Credit Union reserves the right to deny your Skip-A-Payment request for any reason (i.e. if your loan(s) are or have been delinquent, your account(s) are or have been overdrawn, etc). If your request is denied, you will be notified by phone/email listed below.

LOANS EXCLUDED FROM THIS OFFER:

*Visa Credit Cards	*Mortgage Loans (all types)	*Overdraft Protection Line-of-Credit Loans
*Helping Hand Loans	*Negative Account Balances	*Other conditions and restrictions may apply
*Share/Certificate-secured loans	*Loans open less than six months	

CONTACT INFORMATION:

_____
NAME (Please Print)

_____
ADDRESS

_____
CITY/STATE/ZIP

_____
CONTACT TELEPHONE NUMBER(S)

_____
EMAIL

_____
PRIMARY MEMBER SIGNATURE

_____
Co-SIGNER/GUARANTOR SIGNATURE

PLEASE SKIP-A-PAYMENT ON LOAN:

_____
PAYMENT DATE (S)

_____
LOAN NUMBER WITH SUFFIX

FEE PAYMENT METHOD:

[ ] I am delivering this form in person with $35.00 in cash.

[ ] I have enclosed a check for $35.00 (make payable to STCU).

[ ] I request that $35 be added to my outstanding loan balance for $35.00 (I understand that interest will accrue on this charge).

[ ] I request that $35.00 be deducted from the account listed below:

_____
ACCOUNT NUMBER WITH SUFFIX