



**Scott Associates  
Credit Union Inc.**  
*Growing your future since 1967*

**14111 Scottslawn Road  
Marysville, Ohio 43041**

(937) 644-7385 \* Toll Free (800) 821-8173

**Skip-A-Payment Application**

Now you can skip a loan payment by paying a \$ 30.00 processing fee. Simply fill out and return the attached application.

By participating in the Scott Associates Credit Union Skip-A-Payment program you agree and understand that a loan payment will be deferred and will amend your original loan agreement, which may change the total amount and the schedule of repayment.

To qualify for the Skip-A-Payment you must meet the following criterion:

- o Complete one authorization form for each qualified loan to be deferred.
- o Loans that do not qualify for the skip-a-payment option include: Home Equity Loans; Certificate and Share Secured Loans; and VISA Credit Cards.
- o Payment may be skipped after six full monthly payments have been made to a loan.
- o Loan term must be 18 months or more.
- o All Co-signers must agree to the skip-a-payment program by signing the request; Only one signer will be required on all other loans.
- o Only one payment may be skipped in a twelve month period.
- o Loan must be current when request is made.
- o There is a \$30.00 processing fee per loan per skipped payment. Funds must be available in the account or submitted with the request in the form of cash, money order or certified check.
- o All applications are subject to approval.

I hereby authorize Scott Associates Credit Union to skip one loan payment on the loan identified below. I understand that if this request is granted, interest will accrue on the principal balance on a daily basis. Additionally, I understand by skipping this payment it will amend the original loan agreement and may require me to make additional payments in order to pay off the loan.

Loan Account Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Deduct \$ 30.00 process fee from: (Circle One)

Savings                      Checking                      Funds attached/enclosed

Signature of Borrower \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-signer \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Union Use Only:**

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Next Payment Due Date \_\_\_\_\_

Credited GL #13106 \_\_\_\_\_