

SKIP-A-PAY FORM Complete and fax back to (310) 252-3819.

Please check one:

- Defer one month _____ (list month) of my loan payment.
- Defer two months _____ and _____
(list two consecutive months) of my loan payment.

_____ Signature

_____ Print Name

_____ Account Number

_____ Phone Number

I understand that this request is:

- Subject to approval
- Applicable only if my loan is current
- Will extend the term of my loan
- An addendum to my loan contract
- Temporarily transfer my direct deposit to my regular share account
- Subject to other terms and conditions
- \$30.00 charge per loan per month
- Completed form must be received five days prior to loan due date
- Interest will continue to accumulate on loans during the month loan payments are skipped
- Six monthly consecutive payments must have been paid on new loans or eleven monthly consecutive payments since last skip a pay
- Loans with GAP insurance can only skip a pay once through the life of the loan

FOR CREDIT UNION USE ONLY

Approval

Date



www.mattelfcu.org

310.252.5528
(El Segundo Branch)