



CONSUMER SKIP-A-PAYMENT AGREEMENT

Date: _____/_____/_____

Member Name: _____

Member Number: _____ Loan Suffix #: _____

Loan Description: _____

**A \$35.00 processing fee must be received before the Skip-a-Payment can be processed.
All Skip-a-Payment requests must be received prior to due date.**

I wish to skip my payment for the month of (_____/_____)
Month Year

Please deduct the processing fee from:

- MountainCrest Savings
- MountainCrest Checking
- OR:
- Apply to My Loan

Final Approval for the skip a payment is based on qualification and is determined by MountainCrest Credit Union. By signing below, I authorize MountainCrest Credit Union to extend my loan payment by one month. If I choose to apply the \$35.00 fee to my loan balance, I understand that finance charges will continue to accrue on a daily basis and that this authorization amends the original loan agreement which may change the total amount and the schedule of my repayment. If my loan payment is set up on an ACH from another financial institution, I understand that it is my responsibility to stop the payment. I understand that I am required to resume my regular monthly payments in the following month. This offer is not valid for any loan that is currently delinquent or has been established for less than 6 months.

Skip-A-Payment GAP Insurance Liability Waiver

I acknowledge that if I currently have GAP Insurance, my Skip-A-Payment request may reduce my GAP Insurance coverage benefits or cancel the GAP Insurance coverage in full. I will not hold MountainCrest Credit Union liable for any cancellation or reduction in GAP Insurance benefits due to my Skip-A-Payment request.

Member Signature: _____

CREDIT UNION USE ONLY:

Employee: _____ Teller #: _____ Processed Date: _____