RELIEF SKIP-A-PAYMENT APPLICATION

Member:	_	Account/Loan #:		_	
Phone #:	_				
Skip-a-Pay Month:					
Payments currently are made by	7:				
Cash/Check/Online B	anking Aı	itomatic Payment	Origination (a d	ifferent bank)	
Skip-a-Pay Terms and Conditi	<u>ons</u>				
 Must be affected by gov No fee is required One application per load Real estate (1st Mortgag) First payment cannot be Interest will accrue dur Payments will resume t All signers on the origin Member must notify TL TLCU Financial reserves 	n, per month e and Home Ed e skipped, but n ing the Skip-a- he month after al loan agreem CU Financial if s the right to de	quity) and open end may be deferred Pay period the Skip-a-Pay mon nent must sign the Sk loan is paid by ACH	lines of credit DO N th tip-a-Pay Applicatio or Automatic Loan	NOT qualify on Payment	
will be notified of denial in writing Applications may be returned to TLCU Financial by mail, fax or e-mail at BecauseWeCare@tlcufinancial.org (Do not include your account number if you are sending back via e-mail) P.O. Box 804 P.O. Box 33 Mishawaka, IN 46546 Bremen, IN 46506 Fax: 574-258-7622 Fax: 574-546-3962					
By signing this application, I (we) understand the above listed terms and conditions. I (we) understand that skipping a payment will extend the term of the loan, interest will continue to accrue, total finance charges will increase and regular payments will resume the month following the skipped payment.					
Member Signature	Date	Co-Signer Signa	ture	Date	
Office Use Only		N	lote #:		
Date Received:			Approved:		
Pate Changed: Denied and reason		P	Payment:		