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VOLUNTARY SKIP PAYMENT REQUEST AND AUTHORIZATION

In this Request and Authorization, the reference to "We," "Us," and "Credit Union" mean Electro Savings Credit Union. The words "You" or "Your" mean each borrower, co-signer and/ or guarantor identified on this form and accepting this Agreement. If this is a joint account, read singular pronouns in the plural.

If You would like to skip Your payment, please complete this authorization and indicate the manner in which You would like to pay the Skip-a-Pay Fee.

Name _____	Account # _____
Address _____	Loan # _____
City, State, Zip _____	Loan Type _____
Daytime Phone # _____	Email _____
Payment Amount _____	Payment Frequency _____
Month to Skip _____	Co-Borrower Name _____
Co-Borrower Name _____	Co-Borrower Name _____

Skip-a-Pay fees:

- If Your loan payment is between \$100–\$250, a Skip-a-Pay fee of \$25 will be charged.
- If Your loan payment is between \$250.01–\$500, a Skip-a-Pay fee of 10% of the payment rounded down to the nearest dollar will be charged. *(Ex. If your loan payment is \$275.50, your Skip-a-Pay fee will be \$27)*
- If Your loan payment is more than \$500, a Skip-a-Pay fee of \$50 will be charged.

Please pay the non-refundable Skip-a-Pay Fee per loan payment skipped:

By transferring the Skip-a-Pay Loan Fee from my Electro account # _____ Savings Checking

By initiating a one-time debit from my debit card # _____ CVV# _____ Exp. Date _____

Is your Auto Pay set up through your Electro account? Yes No **Please Note:** If yes, you authorize us to re-establish subsequent auto payments.

Is your Auto Pay set up through Electro's Web Payment Center? Yes No
Please Note: If yes, you authorize us to re-establish subsequent auto payments through our Web Payment Center.

Is your Auto Pay set up through another payment service? Yes No
Please Note: If yes, you are responsible for canceling the payment and re-establishing subsequent auto payments through the third-party service.

By signing below, you are authorizing Electro Savings Credit Union to initiate a one-time debit to your card number listed above for the amount of your Skip-a-Pay fee. **Accepted Card Types:** Visa-Debit | Mastercard-Debit. You authorize Electro Savings Credit Union to advance your loan due date by one month on the loan indicated and acknowledge that this may extend the maturity date of your loan. You acknowledge that this request does not change your legal obligation to the credit union, that your loan agreement with the credit union provides for regular monthly payments, and that the credit union is merely informally permitting you to defer payment for the month indicated above. Interest will continue to accrue on the unpaid balance during the month you skip a payment. When payments resume, unpaid interest will be collected first. You acknowledge that there is a processing fee as outlined above in order to skip a payment and payment of this fee must be presented before the request can be processed. ESCU reserves the right to refuse any Skip-A-Pay request. All loans must be current, and your account must be in good standing. Please complete and return the Voluntary Skip Payment Request and Authorization form to Us by dropping it off at any branch or mailing it to 1805 Craigshire Dr. Maryland Heights, MO 63146, ATTN: Skip-A-Payment. **Please note:** if your loan is set up on automatic payments through a third-party, you are responsible for canceling the payment and re-establishing regular monthly payments after the month you skip. You may only skip four payments total over the term of your loan. **Please note:** if your vehicle has Guaranteed Asset Protection (GAP), your GAP policy may contain a maximum number of allowable skipped loan payments for the duration of your loan. Further, your GAP policy may provide that (i) skipping or deferring one or more loan payments may reduce the amount of GAP coverage and you will be fully liable for any shortage in coverage and (ii) the GAP coverage may not be extended beyond the original maturity date. **Please refer to your specific GAP Policy for complete information.**

By signing below, I/We agree to and understand the terms stated above. All parties must sign if applicable.

Primary Borrower's Signature _____ Date _____

Co-Borrower's Signature _____ Date _____

Co-Borrower's Signature _____ Date _____

Co-Borrower's Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE. FOR ELECTRO USE ONLY.

Approved Denied Processed By _____ Date _____