

Skip-A-Payment Application Extension Agreement

To participate in Hudson River Teachers FCU's Skip-A-Payment program, just complete and sign this form and return it to us.

Member Name _____
 Account # _____
 Phone # _____
 Co-Borrower/Guarantor Name _____

<u>Loan #</u>	<u>Type</u> (auto, personal, mortgage)	<u>Month(s) to Skip</u>
_____	_____	<input type="checkbox"/> January <input type="checkbox"/> February
_____	_____	<input type="checkbox"/> January <input type="checkbox"/> February
_____	_____	<input type="checkbox"/> January <input type="checkbox"/> February

By signing below, you authorize Hudson River Teachers FCU to advance your loan due date by the number of months indicated above on the loan(s) indicated and acknowledge that this may extend the maturity date of the loan(s). You also 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 months indicated above. If this extension is approved, you hereby agree to pay the note including interest at the same rate as provided in the original note plus all other provisions of the original note except those changed by this agreement to remain in full force and effect. Interest will continue to accrue on the unpaid balances during the month(s) you skip a payment. When payments resume, unpaid interest will be collected first. All co-signers of the loan(s) must agree to the skip a payment program and by signing below hereby waive all claims for exemption of liability as a result of said extension.

Borrower _____ Date _____
 Co-Borrower/Guarantor _____ Date _____

In order to be eligible for Skip-A- Payment, you must have made 6 consecutive payments on the loan and all credit union accounts must be in good standing. The program is only available once per year either during the months of January & February or July & August. HRTFCU reserves the right to refuse any Skip-A Payment request.

For Credit Union Use Only
 Extension approved: _____ Date: _____

