



Use this Skip-A-Payment Loan Extension Agreement each time you want to skip your next monthly payment on an eligible Sikorsky Financial Credit Union loan. Return completed form (with \$25.00 fee) to a branch location near you or send to Sikorsky Financial Credit Union, Attn: Lending Department, 1000 Oronoque Lane, Stratford, CT 06614.

Name \_\_\_\_\_ Account Number \_\_\_\_\_

**To qualify for a Skip-a-Payment, review the check list below:**

1. Requests must be made at least five (5) business days prior to the loan due date.
2. Loan must be up-to-date through previous month, loans past due more than 30 days are not eligible.
3. Next payment must be made the month following this request, on or before the loan due date.
4. Extension is not valid for the first payment.
5. Two requests may be approved per loan within a calendar year; however you cannot skip two months back to back.
6. Request must be signed by all persons who signed the original note.
7. A \$25 fee will be assessed for each occurrence.

**Loan Payment you Wish to Skip**

Auto Loan Account Number-Suffix \_\_\_\_\_ With an outstanding Balance of \$ \_\_\_\_\_

Personal or Advantage Loan Account Number-Suffix \_\_\_\_\_ With an outstanding Balance of \$ \_\_\_\_\_

**This Skip-A-Payment Loan Extension is not permitted on Lines of Credit, VISA® Credit Cards or Mortgage Loans.**

I fully understand that although no loan payment will be required for one month, interest will be charged on the unpaid balance from the date of last payment and will be taken at the time my next regular loan payment is made the following month. This extension is not a release from responsibility for the interest charge during the month payment is skipped. Choosing a skip payment option will extend the maturity of the loan and the total finance charge paid. The provisions of my original agreement remain in full force and effect. I agree that I will resume making scheduled payments beginning with the payment due during the month following the deferral and will make all scheduled payments due thereafter. **I also understand that if I have GAP coverage on my vehicle loan, the skipped payment(s) on that loan may affect the benefit amount. Please refer to your GAP protection documents.**

**Processing Fee Options and Signature**

Check enclosed with my request

Please debit the \$25.00 processing fee from Account Number-Suffix \_\_\_\_\_

**Signatures are required by all persons who signed the original note. All parties have read the agreement above and have met the requirements of this request.**

Borrower \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower/Co-Signer \_\_\_\_\_ Date \_\_\_\_\_

Loan Officer Approval \_\_\_\_\_ Date \_\_\_\_\_

Branch \_\_\_\_\_