

Summer Skip-A-Payment

Have extra cash in your pocket for the summer season when you skip your **July OR August** loan payment(s) at Peoples Trust Credit Union. Use the extra cash for summer travel, college expenses, or for anything you wish.

MEMBER'S NAME _____

MEMBER'S ACCOUNT NUMBER _____

JOINT MEMBER'S/CO-SIGNER'S NAME _____

(_____) _____
DAYTIME PHONE NUMBER

- Please Skip-A-Payment for ALL of my "eligible" loans.
- Please Skip-A-Payment for just the loans listed below:

Loan # _____

Loan # _____

Loan # _____

Check One

Skip-A-Payment For:

- July, 2010
- OR
- August, 2010

(If no box is checked, the next payment due will be skipped.)

- Enclosed is a check for the processing fee(s). The fee is \$20.00 per loan.
- Please deduct the processing fee(s) (\$20.00 per loan) from my:
 - Savings Account # _____
 - Checking Account # _____

It's easy to request your Summer Skip-A-Payment. Just complete and mail, fax, or bring this form to your credit union office and we'll process your request right away. Be sure to review the conditions below, and the types of loans that are excluded from this offer.

All eligible requests must be postmarked at least 10 business days prior to your loan payment due date.

Conditions

- Loans may not be more than 30 days past due.
- Co-Signers on loans must sign.
- The \$20.00 processing fee (per loan) must be available.
- No prior extension in 2010.
- Must have made at least three monthly payments.

Non-Eligible Loans

- Mortgages
- VISA Credit Cards
- Home Equity Lines-of-Credit
- Unsecured Lines-of-Credit
- If your loan is being paid by credit union disability insurance, your loan payment(s) cannot be skipped.

I/We understand that skipping my/our loan payment(s) will not affect the payment record of my/our account since the payment skipped will be added to the end of my/our loan. Interest will continue to be calculated on the total outstanding balance. If there is credit life, disability and/or GAP insurance on a loan, coverage is provided only through the end of the original contract.

X _____
MEMBER'S SIGNATURE DATE

X _____
JOINT MEMBER'S/CO-SIGNER'S SIGNATURE DATE

Complete and mail to Peoples Trust Credit Union, P.O. Box 984, Southfield, MI 48037, or take this form to any Peoples Trust Credit Union office, or fax to 248-263-4169.

CREDIT UNION USE ONLY:

Date Completed ____/____/____ Initials _____



Peoples TRUST
CREDIT UNION

248-263-4100 • 866-600-7828
www.peoplestrustcu.org



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