



**EASTMAN
CREDIT
UNION®**
ECU BESIDE YOU

SKIP A PAYMENT

Member Name: _____ Member Number: _____

Loan Number: _____ Loan Type(auto, etc.): _____

Due Date to Skip: _____ Payment Amount: _____

Daytime Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Savings

*\$25.00 fee from account number: _____

Checking

Fee must be received prior to Skip A Payment being processed.

I (We) understand that interest will continue to accrue on the loan for the payment and term of my (our) loan will be extended one month.

Borrower or Co-Borrower Signature: _____ **Date:** _____

Requests must be received 10 days prior to the due date to be skipped.

GAP Insurance Disclaimer: GAP Insurance purchased through ECU is limited to a maximum number of deferred payments** throughout the life of the loan. Deferring more than the allowed payments will result in a deficiency balance not covered by the GAP provider, in the event an insurance claim is filed. The deficiency balance will be the responsibility of the borrower.

*In some instances the fee may be waived due to regulatory requirements.

** Two deferred payments if GAP purchased prior to September 1, 2015
Five deferred payments if GAP purchased on or after September 1, 2015

The completed form may be scanned and emailed via secure email at <https://securemail-ecu.org>. Login/register, click on 'Compose' and submit to conloan@ecu.org. The completed form may also be faxed to 423-578-7320 or taken into a local branch.

Skip A Payment is equivalent to: 1 monthly payment, 2 semi-monthly payments, 2 bi-weekly payments, 4 weekly payments