

EDINBURG TEACHERS CREDIT UNION



Complete this form to request a Holiday-Skip-a-Payment and have the extra cash you need for the holiday season.

Name *

First

Last

Address *

City, State & Zip *

Last 3 digits of your ETCU account number (do not enter your entire account number)

*

Last 4 digits of Social Security Number (do not enter your entire Social Security number)

*

Phone *

Email *

May we text you?

Yes No

I am requesting to skip one month of payments on my: *

Personal Loan

Auto Loan (s)

Line(s) of Credit

(Insert any other loans i.e., teachers' loan)

Which month do you wish to skip? *

November

December

January

I will use the funds from my skip a payment to: *

TERMS AND CONDITIONS: I agree I will be assessed a fee of \$35 for each loan I request to skip. The fee will be withdrawn from my share savings or checking account. If funds are not available, I understand my skip(s) will not be granted. I understand this is a service fee and not a payment to reduce the principal or interest of my loan(s). I understand when a Skip-a-Payment is approved, interest continues to accrue on the balance of my loan, and I am extending the term of my loan. I agree each deferral is subject to Credit Union approval. Approval is dependent on all borrowers being in good standing with the Credit Union at the time of the request. I understand my request to skip a payment may be denied if any of my loans with the Credit Union are more than 10 days delinquent, I am currently in the bankruptcy process, I have entered into a repayment plan following a delinquency, I have been seriously delinquent on any loans in the past, I am currently under a payment workout plan to cure a delinquency or default, or I have a troubled debt restructure TDR). I agree new loans (those in which two months of payments have not been made) are not eligible for the loan payment deferral. I agree credit card loan payments are not eligible for loan payment deferral. I agree deferrals cannot be granted on any loans currently being paid by credit disability insurance. Please complete your request and indicate your agreement to the Terms and Conditions by typing "AGREE" *

I agree (type "AGREE") I will be notified by email or text that my loan payment skips have been approved. I agree to send my most recent payroll stub to the Credit Union via email to mhahn@etcu.coop

Or via FAX to 956-381-8206 and my payment skip cannot be granted until it has been received by the Credit Union *

SIGNATURE

Once completed e-mail to mhahn@etcu.coop or print out and fax form.
