



You could use a break

Skip-A-Payment &
start relaxing now.

First Name: _____

Last Name: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Please indicate which loans you are interested in for this Skip-a-Payment offer. (Defer one month for a fee of \$25.) Only auto loans in good standing with the Credit Union are eligible. Requests for this offer on loans that are not eligible will be denied.

Eligible Loan Account Numbers: _____

Yes! Sign me up Santa Cruz Community Credit Union's Skip-A-Payment offer. By using this Skip-A-Payment offer, I understand that a \$25 fee will be charged automatically prior to my loan payment skip or I may call and debit this fee by phone.

_____ I wish to have my fee automatically
withdrawn from my checking account.

_____ I wish to pay over the phone with my
debit or credit card.

Required Signature _____

**Unsigned forms will not be processed.*

NOTE: If your loan payments are made through electronic transfer/recurring debit from another financial institution, you must notify the other financial institution to stop the payment according to their requirements. By participating in Santa Cruz Community Credit Union's Skip Payment Program, I understand and agree to the following:

1) The terms and conditions of my Loan Agreement will continue to apply except that there will not be a regular monthly payment required for my selected month (one month only in a 12 month cycle). Thereafter, I must make my regular monthly or minimum payments plus any extra payment(s) required if my deferral request is authorized; 2) finance charges will continue to accrue during the deferral period; 3) deferral of my regular or minimum monthly payment will result in my having to pay higher total finance charges; 4) my request for a payment deferral will extend the terms of my loan(s) and I will have to make extra payment(s) after my loan(s) would otherwise be paid off; 5) skipped payments added to my loan(s) may not be covered by Warranty or GAP coverage policies; 6) the loan(s) I choose for payment deferral through this offer must have been funded at least 12 months prior to my skip pay application date, and my regular monthly payment(s) on the loan(s) must not be past due; 7) I will notify Santa Cruz Community Credit Union if my financial status has changed; 8) every Borrower, Co-Borrower, Co-Signer, and Guarantor must sign this request form and this pre-approval is non-transferable; 9) all deferrals are subject to Santa Cruz Community Credit Union's approval, and 10) my account(s) must be in good standing.

I will be notified if, for any reason, Santa Cruz Community Credit Union will not be able to honor my Skip Payment request. I agree to hold Santa Cruz Community Credit Union and its employees, officers, directors, and agents harmless from and against any and all claims, actions, damages, costs, and expenses (including attorney fees and expenses) resulting from or arising out of the acceptance or rejection of my request. Please retain this information for your records. Terms and fees are subject to change at any time. If you have questions about this offer, please contact Santa Cruz Community Credit Union at 831.425.7708 or visit any Santa Cruz Community branch.