Credit Union of Atlanta

AUTO LOAN SKIP-A-PAY APPLICATION

Borrower Information

Member/Borrower Name: _____

Co-Borrower Name (if applicable): _____

Account Number: _____

Loan Number: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Vehicle Information

Year: _____

Make: _____

Model: _____

VIN (Last 6 Digits): _____

Skip-A-Pay Request

I hereby request to skip the following payment:

☐ One (1) Monthly Payment

☐ Two (2) Monthly Payments (if permitted)

Payment Due Date(s): _____

Reason for Request

☐ Temporary Financial Hardship

☐ Unexpected Expense

☐ Medical Expense

☐ Seasonal Cash Flow Needs

☐ Employment Change

☐ Holiday Expenses

☐ Other: _____

Applicant Certification

By signing below, I acknowledge and agree that:

1. Approval of this Skip-A-Pay request is **subject to lender eligibility requirements**.
2. Interest will continue to accrue during the deferred payment period.
3. My loan maturity date may be extended by the number of skipped payments.
4. All loan terms and conditions remain in effect.
5. **Skip-A-Pay processing fee of $25** will be assessed to my account.
6. The lender reserves the right to approve or deny this request.

Loan Department confirms Eligibility Confirmation:

Please check each box:

☐ Loan is current and not delinquent.

☐ No payment has been more than 30 days past due within the last 12 months.

☐ Vehicle insurance remains active.

☐ Borrower is not currently in bankruptcy proceedings.

☐ Borrower understands interest will continue to accrue.

Signature Section

Borrower Signature

Signature: _____

Date: _____

Co-Borrower Signature (if applicable)

Signature: _____

Date: _____

For Office Use Only

Request Received Date: _____

Loan Status: _____

Current Balance: _____

Payment Amount: _____

Fee Assessed: _____

Decision

☐ Approved

☐ Denied

Reason (if denied):

Loan Dept: _____

Signature: _____

Date: _____

*Loan Dept: Please use this form in conjunction with subsequent action form.