



Skip-A-Payment Application and Extension Agreement

To participate in the Buffalo Service Credit Union Skip-A-Payment program complete and sign this form and return it to us.

Member Name _____

Member Number _____

Phone Number _____

Email Address _____

Co-Borrower / Guarantor Name _____

I would like to skip one regular payment in _____
Please enter Month / Year

The loan is under account number # _____ and the loan number is _____

I authorize Buffalo Service CU to deduct the \$25.00 fee for the skipped loan payment from my Buffalo Service CU Share Draft Checking Account # _____ or Share Savings account # _____

By signing below, you acknowledge that the loan maturity date will be extended by one month for each skipped payment and regular payments will resume after the skipped payment period. You understand that interest will continue to accrue on your outstanding principal balance during the month you skip your payment. You acknowledge that your monthly premiums for credit life and disability insurance will still be added to your loan on the skipped month, if applicable. The \$25 processing fee applies to each skip request. BSCU must receive this completed form in the month prior to desired skip month. Only two skip payments within a twelve month period per loan are permitted. The loan payments must be current prior to skip date. BSCU reserves the right to change the terms of the program without notice. Other term and conditions apply.

Member Signature _____ Date _____

Co-Borrower / Guarantor _____ Date _____

You can return the form to us by:

- Mail to: 130 S. Elmwood Ave. Suite 126, Buffalo, NY 14202
- Fax # 716-842-1623
- Email the form to Buffsvc@buffaloservicecu.org
- You can also bring the form in person to any BSCU office

For credit union only:

Approved _____ Denied _____ Date _____

Loan Officer signature _____