

Skip a Payment Application

BORROWER INFORMATION				
Loan Account Number:	Due Date to be Skipped (MM/DD/YYYY):			
Borrower Name:	Co-Borrower Name (If Applicable):			
Phone:	Email:			
SKIP PAYMENT FEE				
<p>The Skip-a-Pay Fee of \$35.00 must be collected prior to advancement of due date. This fee will be deducted from your primary membership share account.</p> <p>Are you currently setup on Automatic Payments for your loan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
SKIP-A-PAYMENT TERMS AND CONDITIONS				
<p>By signing below, you agree to the following: Our Skip-A-Pay program offers qualified Members once a year deferral of their loan payment(s). By participating, your loan repayment schedule will be extended by approximately one month due to your deferred payment. The finance charges continue to accrue during the skip period, therefore by deferring the payment on your loan, the total amount you pay for finance charges on your loan could be greater than stated on your loan disclosure. Loan payments that have already been made cannot be deferred. AMPLIFY Credit Union reserves the right to revoke this offer if any of your accounts become delinquent. Your due date will not advance until after the date of your regularly scheduled payment. A fee of \$35.00 will be collected, up front. Skip payment fees cannot be made from loan disbursement. Incomplete applications will not be processed.</p> <p>If your loan payment is made automatically through an Amplify savings or checking transfer and you participate in this offer, you will need to change the transfer date to match the new loan due date. Your GAP, or other insurance, may be affected by skipping or doing a payment deferral. It is your responsibility to check with your insurance companies regarding their policies before participating in our Skip-A-Payment Program.</p> <p>Finally, I agree that I will resume making scheduled payments beginning with the payment due following the month of the deferral and will make all scheduled payments due until the loan is paid in full.</p>				
BORROWER SIGNATURE				
<p>_____</p> <p>Borrower Signature</p>	<p>_____</p> <p>Co-Borrower Signature (If Applicable)</p>			
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Date</p>			
RETURN FORM TO:				
<p>(Choose from the following)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Mailing Address: PO Box 85300 Austin, TX 78708</td> <td style="width: 33%;">Fax Number: 512-491-3706</td> <td style="width: 33%;">Email Address: servicing@goamplify.com</td> </tr> </table>		Mailing Address: PO Box 85300 Austin, TX 78708	Fax Number: 512-491-3706	Email Address: servicing@goamplify.com
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