BAYLOR HEALTH CARE SYSTEM CREDIT UNION

Skip-A-Pay Request Form

MEMBER INFORMATION

Member Name: _____ Member Number: _____

Phone Number: _____ Email Address: _____

LOAN INFORMATION

Loan # _____ Amount_____ Month to Skip _____

Loan # _____ Amount_____ Month to Skip _____

Loan # _____ Amount_____ Month to Skip _____

Note: If your loan is paid weekly, bi-weekly, or semi-monthly, the Skip-a-Payment extends your loan by one full month.

REASON FOR SKIP: Select One _____

PAYMENT METHOD FOR $35 SKIP FEE

The $35 service fee per loan will be withdrawn from the following account:

☐ Savings Account ☐ Checking Account

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 The fee will be withdrawn from my share savings or checking account.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 or I am currently under a payment workout plan to cure a delinquency or default. I agree new loans (those in which six months of payments have not been made) are not eligible for the loan payment deferral. I agree Pandemic Emergency Loans (Loan 60), Winter Storm Emergency Loans (Loan 61), Heart Hospital (Loan 75), mortgages, home equity loans, lines of credit and 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.

Authorization and Signature

By signing below, I acknowledge that I have read and agree to the Terms and Conditions above. You will receive an email confirming the approval or denial of your request.

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____

Return your fully completed form to us in any of the following ways:

- Email (memberservices@bhcscu.com)
- Fax 972.698.5700
- Drop off at branch lobby, drive-thru or night drop