



SKIP A PAYMENT REQUEST FORM

Nizari PFCU has developed a Skip-a-Payment Program for members in financial distress as a result of the COVID-19 outbreak. Nizari will allow up to a maximum of three skipped payments from April until June, 2020.

Complete and submit via fax, postal mail or email: collections@nizaricu.org

There will be no fees charged for you to enroll in our Skip-a-Payment Program. You may make any payment during this time and there is no prepayment penalty for paying off a loan at any time. In addition to this form if your request is approved, you must sign modification documents provided to you to complete the request.

Skip Payment Request

Member Full Name: _____

Account #: _____

Loan#: _____

Next Payment Date: _____

Payment (months) to be skipped: _____

Eligibility: Loan Status must be current and not delinquent. A new form must be completed for each loan being enrolled into the skip a payment program. Real estate secured loans, share/certificate secured loans and credit cards are not eligible for Skip-a-Payment Program enrollment.

I/We understand that skipping a loan payment(s) will result in an extension of the original loan term and that interest will continue to accrue at the rate disclosed in my original loan agreement. I will continue to make my regular loan payments following the skipped payment(s). If I have a guarantor(s) on the loan, they will need to consent to the Skip-a-Pay Program enrollment.

GAP and/or Warranty Coverage will not be extended beyond the original maturity date. Monthly premiums for Debt Protection will continue to be added to the loan during the month skipped. All Skip-a-Pay Program requests are subject to credit union approval.

By Signing Below, I (we) acknowledge acceptance of the terms and disclosures listed above.

X _____
Borrower Signature

Date: _____

X _____
Co-Borrower Signature

Date: _____

X _____
Guarantor Signature

Date: _____

X _____
Guarantor Signature:

Date: _____

****If your payment is automatically transferred from another financial institution, please see below:**

☐ If there is an outside ACH transfer being made to my loan payment, I authorize the temporary cancellation of that transfer for the month that the skip applies to and resume the transfer the following month.

Nizari PFCU must be notified **at least three business days** before the next scheduled transfer.

Nizari PFCU Officer Use Only:

Received on Date: _____ Processed on Date: _____ By: _____