

SKIP-A-PAYMENT ADVANCE FORM

Please fill out, sign and return this form to the address listed above. This form must be received by the Credit Union at least **5 days prior to payment due date**. Verified implementation notice will be sent/given to you.

The undersigned hereby makes written request to the Marathon Republic Federal Credit Union to extend the original repayment of my loan by permitting the next regular monthly payment due to be extended one month after the maturity date of the existing loan contract. This extension in no way otherwise alters the terms and conditions of the original loan contract as previously disclosed to the borrower. **Interest at the agreed rate will continue to accrue on the unpaid balance of the loan.**

NAME

ADDRESS

CITY

TX

ZIP

HOME PHONE

WORK PHONE

OTHER PHONE

SIGNATURE

DATE

CO-SIGNER SIGNATURE

DATE

FOR OFFICE USE ONLY

ACCOUNT NUMBER

LOAN NUMBER

NEXT PAYMENT DATE TO EXTEND DUE DATE

PAYMENT AMOUNT

DATE APPROVED OR DENIED

REASON

LOAN OFFICER SIGNATURE

*****A \$20.00 DOLLAR FEE WILL BE CHARGED PER LOAN*****