

SKIP A PAYMENT APPLICATION | SUBSEQUENT ACTION FORM

BORROWER INFORMATION

Loan Account Number:

Original Contract Date:

Borrower Name:

Co-Borrower Name (if Applicable):

AUTOMATIC PAYMENT STATUS

Are you currently setup on Automatic Payments for your loan: Yes No

SKIP A PAYMENT TERMS AND CONDITIONS

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 the number of months of payments deferred. The finance charges continue to accrue during the skip period, therefore by deferring the payment(s) 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. Incomplete applications will not be processed.

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.

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.

Finally, by signing below, You agree to amend the terms of Your original agreement and to repay the entire unpaid balance of:

Unpaid Balance:	\$
Plus Interest at:	%
By Paying:	\$
Every (Payment Frequency)	
Beginning Date	

BORROWER SIGNATURE(S)

Borrower Signature:

Co-Borrower Signature (if Applicable):

Date:

Date:

RETURN FORM BY: Email: servicing@goamplify.com, Fax Number: 512-491-3706, or Mail: PO Box 85300 Austin, Texas 78708

Approved: Yes No

Credit Union Authorized Signature:

Date:

Credit Union Comments: