

Skip-A-Payment

If you wish to take advantage of the Skip-A-Payment option, please complete the following form and return it to the Credit Union no later than 5 days prior to your scheduled due date of the month that you want your payment skipped.

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|---------------------------|----------------------------------------------------|----------------------------|
| Member Information | Primary Borrower Name (First, Middle, Last) | Loan Account # |
| | Joint Borrower Name (First, Middle, Last) | Daytime Telephone # |

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|------------------------------|--|
| Month to Skip Payment | |
|------------------------------|--|

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| Disclosure | <p>By signing below, you and any joint owner, authorize USALLIANCE Financial to extend your loan repayment terms. The \$50.00 processing fee will be automatically deducted from your share account if available. If not available, the request will not be honored unless the \$50.00 processing fee is received. I understand that although no payment will be required for the month in question, interest will continue to accrue. This will have the effect of extending my loan term by at least one month, and I understand that "Skipping a Payment" may affect my GAP coverage.</p> <p>This offer only applies to USALLIANCE Financial loans* and is not available for Visa, Mastercard Credit Card or Real Estate Products. If you have a co-maker or guarantor on your loan, he/she must sign below agreeing to the terms. The loan number and payment amount can be found on your account statement. If you have Direct Deposit or Payroll Deduction, your payment will still come to the Credit Union.</p> <p>Requirements:</p> <ul style="list-style-type: none"> ● The Loan must be opened for at least 12 months. ● The Loan must not have any late or missed payments during that time. ● The loan must be current. ● Your membership must be in good standing to take advantage of this offer. ● USAlliance must be listed as lien holder on your title. <p>*Only one skipped payment per account is allowed during any twelve month period. *This program will only apply to Fixed Rate Fixed Term Auto and Personal Loans.</p> |
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| Signature(s) | | |
| | Primary Borrower Signature | Date |
| | | |
| | Joint Borrower Signature | Date |

Mail to: USALLIANCE Financial
Attn: Loan Servicing
411 Theodore Fremd Avenue Ste 350
Rye NY 10580-1410

Fax to: 914-462-3489
Email to: LoanServicing@usalliance.org

| FOR CREDIT UNION USE ONLY | | | | |
|-------------------------------|------------------------|--------------------|---------------------|-------------|
| Signature verified by: | Maintenance by: | Date: | Reviewed by: | Date |
| Member No. | | Account No. | | |