



COVID-19 Skip-A-Pay Request

During this trying time, we want to help ease the worries of our members by offering a special Skip-A-Pay opportunity. If you are experiencing financial hardship resulting from temporary layoff status due to mandatory company closings or reduced hours due to the Coronavirus, please let us help you.

In order to receive this Skip-A-Pay opportunity you must provide some kind of proof from your employer that you are off work or on limited hours due to COVID-19 along with completing the appropriate fields in this form and return to the Credit Union.

Fax: (815) 439-5010	Mail to: CBI Federal Credit Union 13717 S. Route 30, #157 Plainfield, IL 60544
Email: monique@cbifcu.org	

If you are not sure if your loan qualifies, please call us at (815) 439-6269.

We must have written authorization to skip your payment. This loan skip will amend your original Loan by extending the term of the loan. Interest will continue to accrue for the skipped month. This skip request is valid for only the designated loan(s).

Member Name: _____ **Member #:** _____

Member Address: _____

Phone Number: _____ Home Cell **Email:** _____

SKIP ONE PAYMENT PER LOAN

Loan # _____ Loan Type _____ Month to Skip: March April May

Loan # _____ Loan Type _____ Month to Skip: March April May

*Loan types that don't qualify for Skip-A-Pay: Real Estate or Credit Cards.

IMPORTANT NOTE: Automatic Payments will not automatically stop from an account the borrower has at another financial institution. A loan payment that is already posted will not be reversed.

Signature and Certification:

By signing below, if approved by the credit union, you authorize CBI FCU to amend your original Loan contract and extend your loan term. I/We wish to participate in the CBI FCU Skip-A-Pay Program. Please defer payment for the loan listed above on this form. I/We must be a member in good standing with the credit union. I/We understand that interest will continue to accrue on the outstanding balance on my/our loan until it is paid in full. I/We understand that I/we continue to be responsible for the entire outstanding principal and interest of my/our loan, and that I/we will be responsible to continue to make the regularly scheduled monthly payments from the date forward until all principal and interest is paid in full. I/We understand that my/our next regular payment will be due on the scheduled payment due date following the month I/we have elected to skip a payment. **All borrowers for the loan must sign this authorization form.**

Borrower Signature _____ Date _____

Co-Borrower Signature _____ Date _____

CREDIT UNION USE ONLY

Date Received		Last Payment Made	
Date Processed		Payment Due Date changed	
Teller Initials		Maturity Date Changed	