

HARTFORD HEALTHCARE FEDERAL CREDIT UNION SKIP-A-PAY LOAN EXTENSION AGREEMENT

MEMBER ACCOUNT NUMBER: _____

MEMBER NAME(S): _____

PHONE NUMBER: _____ E-MAIL: _____

Please check one:

I'd like to skip the _____ payment on my installment loan. (Skip a payment not allowed on Home Equity, HELOC, PAL and Holiday & Summer Fun loans)

I'd like to skip the _____ payment on my VISA

PAYMENT OPTIONS Check one & complete. Processing fee is \$20 per loan skipped.

Enclosed is a \$20 check made payable to "Hartford Healthcare Federal Credit Union".

Please deduct \$20 from my account (circle one): Share or Share Draft

I WOULD LIKE TO SKIP MY (circle one):

AUTO Loan Number _____ PERSONAL Loan Number _____

VISA _____

I (WE) WISH TO PARTICIPATE IN THE LOAN SKIP-A-MONTH EXTENSION PROGRAM OFFERED BY THE HARTFORD HEALTHCARE FEDERAL CREDIT UNION AND REQUESTED BY THE BORROWER (S). I (WE) UNDERSTAND THAT BY PARTICIPATING IN THE PROGRAM, THE ORIGINAL TERM OF THE NOTE WILL BE EXTENDED. I (WE) ALSO UNDERSTAND THAT THE INTEREST WILL CONTINUE TO ACCRUE DURING THE EXTENSION PERIOD AND THAT A GREATER PORTION OF MY NEXT PAYMENT WILL BE APPLIED TO INTEREST. PARTICIPATION IN THE SKIP A PAYMENT PROGRAM CAN ADVERSELY AFFECT GAP COVERAGE ON AUTO LOANS.

I (WE) REMAIN OBLIGATED FOR PAYMENT OF BOTH PRINCIPAL AND INTEREST AT THE SAME RATE OF INTEREST AS PROVIDED IN THE ORIGINAL NOTE. I (WE) AM BOUND BY ALL PROVISIONS OF THE ORIGINAL NOTE AND UNDERSTAND THAT THE ORIGINAL NOTE REMAINS IN FULL FORCE AND EFFECT EXCEPT FOR THOSE CHANGES MADE IN THIS AGREEMENT. I (WE) REALIZE THAT IF I (WE) TAKE A LONGER TIME TO PAY OFF WHAT IS OWED THAN STATED IN THE ORIGINAL NOTE, THAT THE FINANCE CHARGE AND TOTAL PAYMENTS WILL BE HIGHER THAN THE ORIGINAL AMOUNT STATED.

BORROWER'S SIGNATURE: _____ DATE _____

CO-BORROWER'S SIGNATURE: _____ DATE _____

FOR CREDIT UNION USE ONLY:

APPROVED BY: _____

DATE: _____