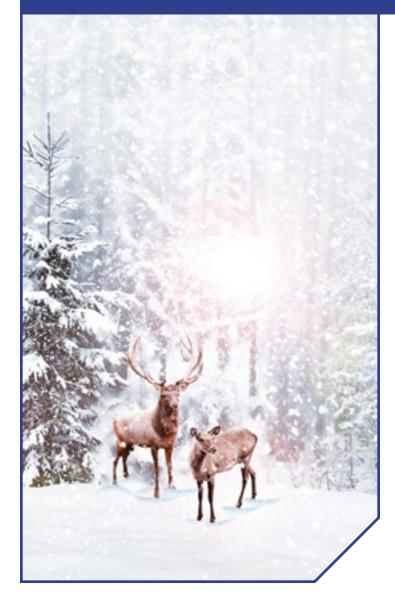
## **SKIP A PAYMENT** *This December*

## **COMPLETE AND RETURN THIS APPLICATION BY NOVEMBER 18, 2024**



MEMBER NAME

E-MAIL ADDRESS

USECU MEMBER NUMBER

LOAN NUMBER 1

LOAN NUMBER 2

## LOAN NUMBER 3

I hereby authorize USECU to defer one monthly, two bi-weekly, or four weekly loan installment(s) for December 2024. By signing below, I understand that deferring my payment(s) will not affect my credit history with USECU or any credit reporting agency and interest will continue to accrue. **Payment Saver Auto and Real Estate Loans do not qualify for this offer.** Processing a Skip-A-Pay on your loan may impact your automobile GAP coverage, and leave a deficiency balance in the event of a total loss. Account(s) must be in good standing. Skip-A-Payment is subject to approval. Please submit your request(s) no later than November 18, 2024.

I authorize USECU to	deduct the \$15.00	processing fee, per loan,	
from my USECU	Checking _	Savings account.	

Your completed form may be dropped off at any USECU office, emailed to skipapay@usemployees.org, or faxed to 312.922.8609.

SIGNATURE

DATE



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