

Holiday Loan Skip-a-Payment

Your Name: _____

Your Acct No. _____

I would like to skip my December payment(s) as follows:

_____ All my loans Or The following loans by type and payment amount as listed on your statement

Loan Type _____ Monthly Payment _____

Loan Type _____ Monthly Payment _____

Loan Type _____ Monthly Payment _____

I authorize collection of the \$20.00 processing fee per loan as follows: _____ Check enclosed _____

Deduct from shares _____ Deduct from checking _____

I understand interest will accrue on my loans during the skip period and my loan term will be extended approximately one month. If I choose to have the processing fee deducted from my account, I understand I must have funds available or the skip will not be processed. I understand that if I have GAP insurance coverage on my loan, more than 2 skip payments may affect any potential insurance payment.

Signature

Date

Return to: Golden Circle CU, 4118 Lincoln Way E, Massillon, Ohio 44646, or any Golden Circle Branch