

## SKIP REQUEST AND AGREEMENT

| BORROWER'S NAME  |  | MEMBER NUMBER                              |  |
|--|--|--|--|
| CO-BORROWER'S NAME   |  | DATE                                       |  |
|  | _                                      |  |  |
| LOAN INFORMATION (complete for a   | Il leans you are requesting to         | rkin navment)                              |  |
| LOAN INFORMATION (complete for a<br>Mortgage Loans, Home Equity Loans,             |  | t Cards are not eligible for Skip-A-Paymer |  |
| SUFFIX NUMBER:   | LOAN TYPE:                             | ,  |  |
| SUFFIX NUMBER:   | LOAN TYPE:                             | LOAN TYPE:                                 |  |
| SUFFIX NUMBER:   | LOAN TYPE:                             | LOAN TYPE:                                 |  |
| SUFFIX NUMBER:   | LOAN TYPE:                             | LOAN TYPE:                                 |  |
| SUFFIX NUMBER:   | LOAN TYPE:                             |  |  |
| This document amends the above reference   | ce loan(s). CommonWealth One I         | Federal Credit Union (herein "the Credit   |  |
| Union") has offered, and I am electing, to   |  |  |  |
| the regularly scheduled payments due for   | the next thirty (30) days, as of the   | e date of this document.                   |  |
| Interest and finance charges will continue   | e to accrue during the skip period.    |  |  |
| My required minimum monthly payment  | will resume beginning the month        | immediately following the skin period      |  |
| and will continue as originally scheduled.   |  |  |  |
| time it takes to pay off my loan(s) in full.                                       | •                                      | * * *                                      |  |
|  |  | month period. The loan must have had 6     |  |
| full months since the last skipped paymen  | nt before it is eligible for another s | kip. There must have been 6 regularly      |  |
| scheduled payments made before a skip is   | s allowed.                             |  |  |
| If any of the above referenced loans have  | -                                      | * *  |  |
| of two skips during the life of the loan. E  |  |  |  |
| acknowledge that the protection may be a representations or warranties regarding m |  |  |  |
| GAP provider.  | ly GAF coverage and is not hable       | for any coverage anteration made by the    |  |
| acknowledge that this request may be d   | enied by the Credit Union, at its o    | discretion. Additional reasons the Credit  |  |
|  | •                                      | inquency in excess of thirty (30) days; 2) |  |
|  |  | hip flagged as having a "bad address"; 4)  |  |
|  |  | 5) not being a member currently in good    |  |
| standing with the Credit Union, for the pr   | ior six months.                        |  |  |
| All other terms and conditions of the cons   | sumer credit contract(s) referenced    | d above remain in full force and effect.   |  |
|  |  |  |  |
|  |  |  |  |
| BORROWER'S SIGNATURE   |  | DATE                                       |  |
|  |  |  |  |
| CO-BORROWER'S SIGNATURE  |  | DATE                                       |  |
|  |  |  |  |
|  |  |  |  |