

2009 SUMMER SKIP-A-PAYMENT PLAN

PLEASE READ CAREFULLY!

To participate in the 2009 Summer Skip-A-Payment Plan please check the Box below and follow the instructions.

The Plan has a \$25.00 participation fee.

- I elect to participate in the 2009 Summer Skip-A-Payment Plan. Enclosed is a check for \$25.00 payable to Access Community Credit Union.
- I elect to have the participation fee withdrawn from my _____ checking or _____ regular savings acct.
(My account # is _____)

Please defer my payment in:

MAY

Loan # _____ All eligible _____

I agree with the terms and conditions on the reverse side.

All deferred payments must be skipped in same month!

OR

Please defer my payment in:

JUNE

Loan # _____ All eligible _____

I agree with the terms and conditions on the reverse side.

All deferred payments must be skipped in same month!



Please see back side for details and disclosures.

(NOT AVAILABLE ON REAL ESTATE, HOME EQUITY, HOME IMPROVEMENT, STOCK, MOBILE HOME, TERM, OVERDRAFT, AND SPECIALTY LOANS)

- If you have not returned loan papers to ACCU or completed title work, you may be ineligible for SKIP-A-PAYMENT.
- YOU MUST HAVE MADE AT LEAST ONE FULL PAYMENT ON YOUR LOAN AND ALL LOANS INCLUDING MASTERCARD AND VISA MUST BE CURRENT.
- Your written request to advance a payment must be received 10 days prior to your payment due date.
- If your loan has a co-signer, both parties must sign the request.
- ACCU reserves the right to deny any Skip-A-Payment request, including loans involved in bankruptcy.

I understand the Skip-A-Payment option in no way alters the terms and conditions of my original loan contract as previously disclosed. Interest at the agreed rate will continue to accrue on the unpaid balance of my loan. Loan payments made by payroll deduction will be deposited to the share account. These payments will not be available for withdrawal until payroll posts in full. **I understand that all loans I elect to defer must be in the same month.** I understand that the application fee is for participating in the plan regardless of whether I elect to skip any payment.

I understand and agree with the above terms, and request that you skip any payment(s), requested in this application, based on the appropriate pay method of payroll deduction, cash payment, automatic transfer, or bank draft.

Accepted by _____
ACCU staff member

MAIL SIGNED FORM TO :

**ACCESS COMMUNITY CREDIT UNION
P O BOX 7407
AMARILLO, TX 79114**

ANY QUESTIONS CALL:
806-353-9999 OR 800-687-2990