SKIP A PAYMENT This December

COMPLETE AND RETURN THIS APPLICATION BY NOVEMBER 24, 2025



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 24,2025.

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

