



Skip a Payment Request Due to Coronavirus Impacts

Name: _____ Savings Account Number: _____
(Please Print)

Loan Account Numbers: _____ Months to Skip: _____
_____ *Request up to two months*

Signature: _____ Date: _____

Joint Signature (If Necessary): _____ Date: _____

Phone Number: _____ E-Mail _____

By signing above, I authorize Peach State Federal Credit Union to extend my loan term for the months listed. I understand that interest will continue to accrue on my outstanding balance during this time and the term of my loan(s) will be extended. I understand this document can only be used for the specified loan(s) and is subject to Credit Union approval. I understand after the skip a payment period my normal monthly payment will resume on the first due date following the skip a payment period.

NOTE: Skipped payments are not covered by Credit Life and Disability insurance and GAP insurance does not allow more than one skip a payment per year with a maximum of two skip a payments for the term of the loan.

Mortgages with Escrows: If your mortgage payment includes escrow, the escrow portion of the skipped payment must be paid for that month in order to ensure a correct annual escrow analysis.

To request a Skip-A-Payment, please complete the information and fax to 678.225.4519 or mail to Peach State FCU, Attn. Loan Dept., 1505 Lakes Parkway, Suite 100, Lawrenceville, GA 30043. You may also drop it off at any Peach State location for forwarding to the Loan Department.

If you are experiencing financial difficulty and need additional help then please contact the credit union at membersolutions@peachstatefcu.org and we will reach out to you to review additional resources.

1 Credit cards are excluded. Please submit your request at least ten days prior to the due date of your loan to allow time for processing.

Loan Dept.: 1505 Lakes Parkway, Suite 100, Lawrenceville, GA 30043 | Phone: 678.889.4328 | Fax: 678.225.4519

FOR CREDIT UNION USE ONLY

Branch Where Received: _____

Name of Employee Receiving: _____

Loan Type: _____ FM Date Completed: _____

Credit Union Approval Denial Loan Officer: _____