



AMERICAN BROADCAST EMPLOYEES FEDERAL CREDIT UNION
P.O. BOX 4002
ANSONIA STATION
NEW YORK, NY 10023
www.abefcu.org

LOAN "SKIP-A-PAYMENT" APPLICATION

Take advantage of ABE's "Skip-A-Payment" program and INCREASE your cash flow as needed on any qualified loan. Interest will accrue as originally disclosed.

*****IMPORTANT NOTICE*****

*****THERE WILL BE A \$25.00 PROCESSING FEE PER LOAN***** (This is a finance Charge)

Application must be received at least two (2) weeks prior to the due date to be skipped.

Limited to one (1) every six months within a twelve month period.

OTHER INFORMATION: ALL REAL ESTATE, HOME EQUITY, MAPS/DRIVING SENSE AUTO LOANS, AUTO LOANS WITH GAP INSURANCE, FAST TRACK AUTO LOANS, CREDIT CARDS, OVERDRAFT PROTECTION, AND LOANS THAT ARE PRESENTLY 30 DAYS OR MORE DELINQUENT OR WERE DELINQUENT FOR MORE THAN 60 DAYS IN THE LAST 12 MONTHS DO NOT QUALIFY FOR A SKIP A PAYMENT. (There will be no exceptions).

PRINT NAME _____ ACCOUNT NUMBER _____

(Check One)

Is your loan paid by cash _____, payroll deduction _____, or ACH _____?

I (We) apply for "Skip a Payment" on the following loan number(s): _____,

_____, _____, _____.

If you do not know your loan numbers, call us or check your last quarterly ABEFCU statement.

Month to be skipped: _____. Daytime phone (_____) _____ - _____

PAYMENT OPTIONS

(Check one and complete)

- ☐ Please deduct \$_____ from my ABE (circle one) Share (Savings) or Share Draft (Checking) account.
☐ Enclosed is a check made payable to "American Broadcast EFCU" in the amount of \$_____.

I (We) request a loan extension as described above. I (We) understand that by participating in the program, the original term of the note will be extended. I (We) understand finance charges will continue to accrue during the extension period and that a greater portion of my next payment will be applied to interest.

I (We) remain obligated for payment of both principal and interest at the same rate of interest as provided in the original note. I (We) am/are bound by all provisions of the original note and understand that the original note remains in full force and effect except for those changes made in this agreement. I (We) realize that if I (We) take a longer time to pay off what is owed than stated in the original note, that the finance charge paid and total payments will be higher than the original amount stated. I (We) also understand this agreement is valid only after being received and approved by ABEFCU. I (We) understand that I (We) will be notified of the status of the request by the 10th of the month in which payment is to be skipped. If a notice is not received, please call your local branch.

Signature of member/applicant

Date

Signature of co-applicant/co-signer

Date

Return this form to your Local Branch, Fax to 516-763-7572, or Mail to:
ABEFCU, Attn. Branch Manager, 680 Birch Street, Bristol, CT 06010

Date rec'd by CU ____/____/____ Approved/Denied by :_____(L/O's initials) Date Approval/Denial notice sent ____/____/____