

Use this Skip-A-Payment Loan Extension Agreement ("Authorization") to request a Skip-A-Payment on a Sikorsky Credit Union (SCU) loan. Please carefully read the following before requesting to Skip-A-Payment.

- One Authorization form must be completed per eligible loan. **Eligible Loans**: Conventional Auto Loan, Personal Loan
- There is a \$25 fee to skip each payment on each loan.
- All borrowers must be in good standing and current on all obligations with the Credit Union.
- You may qualify to skip one (1) full payment after the first twelve monthly loan payments are received.
- You may qualify for up to two (2) skip requests per calendar year, and up to six (6) skip requests for the loan term. You cannot skip two (2) consecutive months.
- All vehicle loans that have a GAP protection may request one (1) Skip-A-Payment for the life of the loan.
- Keep a copy of this Authorization with your original loan documents.

Return completed Authorization in person or by mail or submit through our website. For additional details or assistance, please contact the Loan Servicing Department at 203-377-2252 or (888) 753-5553.

| PLEASE IELL | US ABOUT TOU | | | |
|---|--|---|--|---|
| Loan Account Number | Member Name: First | MI | Last | Suffix |
| Phone Number | Email Address | | | |
| | | | | |
| I/We acknowledge this request to skip one loan paymer | | | • | |
| date fromto I/We fully under balance from the date of last payment, that this extension accrued during the month payment is skipped, and that loan payment is made. The provisions of the original loan skip payment option will extend the maturity of the loan that I/We will resume making scheduled payments begind deferral and will make all payments due thereafter. I/We on my vehicle loan, the skipped payment(s) on that more information I/We should refer to the GAP protection. | on is not a release from interest will be collected an agreement remain in and increase the total from the payment also understand tha loan may affect the b | responsibi d at the tim full force a finance cha t due the mo t if I/We ha | lity for the interded my next reguent of the control of the control of the control of the coverage of the cove | est lar osing a agree he age |
| Processing Fee Options | | | | |
| Check enclosed with my request. | | | | |
| Please debit the \$25.00 processing fee from the following Account Num | ber | | | |
| Signatures are required by all persons who signed the o | • | acknowled | dge they | |
| have read this Authorization and acknowledge the terms | s of the request. | | | |
| Signature | Dete | | | |
| Borrower | Date | | | |
| Co-Borrower/Co-Signer | Date | | | |

