



EXTENSION REQUEST

Name:	Member Number:	Loan Type(s):
Reason for 30 day extension requests:		

Skip-a-Pay Terms and Conditions

With your signature(s), all parties agree to these terms and conditions. By accepting these terms and conditions, you understand and agree to the following on behalf of all borrowers: You authorize Market USA Federal Credit Union (MUSAFCU) to advance your due date by one month. There will be no late charge or penalty if you decide to take advantage of this offer. Interest will continue to accrue through the extension period. The maturity date originally disclosed on your loan agreement may be extended by the additional accrued interest and principal payment for which you are requesting a skip. If your payment is made via Scheduled Transfers from another MUSAFCU account – or if it is automatically debited from another financial institution – and you contact MUSAFCU at least 5 or more business days prior to your scheduled payment date, your debit will be stopped. If your payments are normally paid through payroll deduction, the amount of the payment will be transferred to your savings account and will not be applied to the loan as scheduled. At least 5 days notice is required for those loans paid by scheduled transfer. Automatic debits from another financial institution, scheduled transfers, and periodic payments, will resume 4 weeks from the date of your skip request, respectively. **Partial loan payments will not be reversed.** There are a maximum of 2 skip-a-payments per year, per loan. Consecutive skips are not permitted. Loans must be open for at least 90 days to be eligible. ***SPECIAL RESTRICTIONS FOR LOANS WITH GAP***: Please be advised that if you have an auto loan with Guaranteed Asset Protection(GAP), GAP will not cover more than seven skipped payments, past due amounts or delinquent loan payments for the life of loan. MUSAFCU assumes NO liability for GAP benefits that are denied or reduced due to excessive skips.

Loan Payment Amount	Skip a Payment Fee	Debit Fee from the Following Account: <input type="checkbox"/> Savings _____ <input type="checkbox"/> Checking _____ <input type="checkbox"/> Other _____
\$0.01 - \$99.99	\$30	
\$100.00 – 399.99	\$40	
\$400.00 +	\$50	

X _____
Member Signature

X _____
Co-Signer/Co-Borrower Signature

Fax form to 301.586.3415 or mail to: 8871 Gorman Road, Suite 100, Laurel, MD 20723

CREDIT UNION USE ONLY

Processed By: _____
 Operator Initials/Date

Collections Department Approval:
 SAP Denial | Referred by Collections:

Approved by: Initials/Date _____

Account Number	Date