

SKIP-A-PAYMENT



Credit Unions
for Kids®

Children's Miracle Network
Hospitals

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**\$25+ DONATION
PRIMARY CHILDREN'S
HOSPITAL**

**SKIP A
PAYMENT**

Our Primary Children's Medical Center Skip-A-Payment program is back! With a \$25 donation or more to Primary Children's hospital, you may skip your next secured loan payment in either January or February. Last year, we donated over \$6,400 to support Primary Children's Hospital. This year, we would love to give them even more! So if you are in need of some holiday recovery and want to support a great cause, come in and donate today.

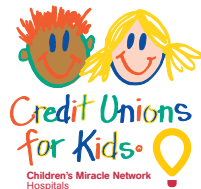
*Skip a Payment offer must be approved by JCU. Only one monthly loan payment may be skipped, January 1, 2017 through February 28, 2017. This will extend your contract and interest will continue to accrue. This offer excludes any open lines of credit (VISA Credit Card, Overdraft Loans, etc.), real estate loans and lease loans. In order to skip a payment the loan must be paid current and the account in good standing at the time of donation. All members associated with the loan must sign the appropriate form acknowledging the skipped payment. The loan must be at least six (6) months into the term in order to skip a payment. In order to skip a payment, the corresponding form must be completed and received by Jordan Credit Union at least five (5) business days before the loan payment due date. Other restrictions may apply. Please speak with a member support representative to determine your eligibility.

Name _____

Account Number _____

Loan Suffix _____

By signing below you agree to amend the terms of the original agreement and to repay the entire balance plus interest at the rate stated on the original note. You understand that this amendment will extend your contract and interest will continue to accrue. You agree to pay the required minimum payment beginning the month following this extension. This Skip-A-Payment may affect GAP or other insurance. Please refer to your contract. The credit union is not responsible for any loss of insurance coverage.



Borrower Date

Borrower Date

For Office Use Only	Approved By _____	Date _____	ACH Payment <input type="checkbox"/> Yes <input type="checkbox"/> No
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