

NESC Credit Union Skip-A-Pay Request Form

NESC Credit Union gives you th COVID-19 pandemic.	ie option to skip a loa	n payment if you are exp	periencing hardship due to the
Name:	Tour years	Member #	
Email Address:	<u> </u>	Phone #	
Payment You Wish to Skip This form may be used to skip all NES 30 days delinquent at this time will ne			credit or a First Mortgage. Loans which are 800 prior to submitting their request.
Loan Number:	Payment Due Da	te:l	Month to Skip:
Signatures			
By signing below, I request to skip the	e payment as referenced	above. I agree to all the prov	visions of the Skip-A-Pay as described.
Borrower's Signature	Date	•	
If you have your payments set payment. Fax the signed form to 978-688			sure to temporarily cancel the
continue to accrue on a daily basis at the Ann deferral of scheduled payments will result in payments as originally scheduled. I will, there	ual Percentage Rate set forth ir my having to pay higher total F efore, have to make extra paym full force and effect. I agree tha	the loan agreement, both during a inance Charges and possibly a hig ent(s) after my loan would otherw at I will resume making scheduled	nt as indicated. I understand finance charges will nd after the deferral period. This means that this her total number of payments, than if I made my ise have been paid off. In all other respects, the payments beginning with the payment due during the
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NCUA MSIE			
NCOA MISIE			
Employee:	Branch:		Date: