December 2026
Skip-A-Payment Form

To participate, simply complete the form and return to any MECU location by mail or in person no later than NOVEMBER 27 2026.
To qualify for the skip-a-payment extension, the loan must have never been delinquent and all types of member accounts must be in good standing. Single pay, mortgage loans, credit cards and RV/Motorhome loans are not included in this offer. Must have made six months worth of payments to be eligible. All extension applications are subject to approval. There is a $35 processing fee for each loan.

Member Name _____ **Member #** _____

Email address _____

PLEASE EXTEND THE FOLLOWING

Loan # _____ **Frequency** _____ **Payment Amount** _____

Loan # _____ **Frequency** _____ **Payment Amount** _____

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You are applying for an extension of your original loan agreement and repayment terms. This extension will defer the payment for one month, or four weekly or two biweekly installment. You understand that interest will continue to accrue daily for each loan at the Annual Percentage Rate set forth in your loan agreement. By signing below, you agree to pay the entire balance left owing on your loan at the same rate of interest and at the same monthly payment as per the terms of the agreement and that your next regularly schedule payment will be due as scheduled. The granting of an extension may mean that you will pay a higher total finance charge on the loan, and you may possibly make a greater total number of payments, than if you had made your payments as originally scheduled. This means you may have an additional payment(s) due after your loan would have originally been paid off. In all other respects, the provisions of your loan agreement remain in full force and effect. MECU reserves the right to deny extensions or limit the number of extensions you may receive annually. If applicable, the monthly premium for any payment protection will still be added to the loan on the skipped payment. If your loan has GAP coverage, this deferral may adversely impact future GAP claims.

Member Signature _____ **Date** _____

Co-Signature _____ **Date** _____

Processing fee

Deduct from MECU account ☐ **Enclosed Check** ☐

Please deduct from account # _____

MECU