

Skip-A-Payment Program

As a valued member of Members Trust Federal Credit Union, we would like to extend to you an opportunity to skip your regular scheduled loan or credit card payment.

There is a **\$30.00 processing fee per loan or credit card** and must be paid by check, money order or withdrawn from your Members Trust checking or savings account at least 5 days prior to the due date. Interest will continue to accumulate on your account(s) during the month you skip your payment.

If you would like to take advantage of this offer, complete the coupon below and fax, mail or scan it to the following address:

**Members Trust Federal Credit Union
Credit Card Skip-A-Payment Program
4000 Luxottica Place
Mason, OH 45040**

Fax Number: 513-765-6078 or email: memberstrust@luxotticaretail.com

All loans with the credit union must be current and account must be in good standing to qualify for Skip-A-Pay! Home Equity loans, Lines Of Credit and Mortgages are excluded from this offer.

Completed form must be received at least 5 days prior to the due date you wish to skip.

By signing below, you authorize Members Trust Federal Credit Union to extend your final loan payment by one month and agree that such extension will be considered an amendment to your loan agreement and/or promissory note and that you understand interest will continue to accrue on your account during the month you have requested to skip a payment. In some cases, based on the size of your balance, the interest which accrues, may be greater than the amount of your next regular payment. It may take you several months to begin to reduce your principal balance. Following the skipped month the account will revert back to the original payment schedule.

Name: _____ Daytime Phone Number: _____

Account Number: _____ Loan Suffix to be skipped: L _____ L _____ L _____

Last 5 digits of card number to be skipped: _____

Check Enclosed in the amount of \$ _____

Withdraw from my MTFCU account number: _____ Savings Checking

Payment date requesting to be skipped: _____ (Must be completed)

Signature: _____ Date: _____

Credit Union Use Only:

Received by: _____ Processed by: _____ Date: _____