

Skip-A-Payment Request Form

In order to qualify for the Skip-A-Payment promotion, your payments on all loans with Community Choice must be satisfied and currently up to date.

Borrower Name:	Co-Borrower/Co-Sigr	ner Name:		
	(If applicable)			
Account Number:	Account Number:	Account Number:		
₋oan ID:	Loan ID:	Loan ID:		
Payment Amount:	Payment Amount:	Payment Amount:		
□ Check enclosed	ch loan listed above. Please check you ommunity Choice account number:			
Payment total (\$35 multipli	ed by the number of loans chosen)=			
s your payment automatic	ally transferred on any of the above loar	ns? 🛚 Yes	□ No	
vill need to contact them to	transferring from a financial institution of stop the transfer. FOR ALL PARTIES ON LOAN	other than Communi	ty Choice Credit Union,	
Borrower signature		Date		
Co-Borrower/Co-Signer signature		Date		
Borrower(s) daytime phone	e number:			
Mail to: Fax to:	3	ay, Suite 193, Farmington Hills, MI 48334		
Drop off:	At any of our member centers			
=	LendingSupport@CommunityChoiceCLLcom			

*Only loans that have originated 180 days or more prior to this letter are eligible for Skip-A-Payment. Finance charges continue to accrue at the rate provided in original loan agreement, during and after this time. Payments must resume the following month. If you elected GAP or Warranty Coverage, the coverage will not be extended beyond the original maturity date. Certain restrictions may apply. Excludes all real estate loans, Visa® credit cards, Unsecured Lines of Credit, CD/Share Secured, Business Loans, and Driving Sense loans. All Skip-A-Payment requests are subject to approval. Federally insured by the NCUA.

For internal use: <Due Date> 04/18