



ADMINISTRATION OFFICE
111 South Waverly Road
Lansing, Michigan 48917
PHONE 517-323-3644
FAX 517-323-4414
www.AsteriaCU.com

Asteria Credit Union's Skip-a-Pay program allows you to skip 1 (one) monthly payment of each loan. To participate in the Skip-a-Pay program:

- 1) Your Astera Membership must be in good standing, meaning all Astera loans must be current, with no collection actions pending; your account must not be overdrawn; and you must have sufficient funds to cover the \$30 application fee.
- 2) You must submit a *Skip-a-Pay Application*.
- 3) Your loan must have been open for at least 6 (six) months.
- 4) Your loan must not have been granted an extension or payment skip within the last 12 (twelve) months.

A \$30 application fee will be applied for each approved payment skip and will be withdrawn from your Astera Credit Union account at the time of approval. Skipping a payment extends the term of your loan and interest will continue to accrue. **Mortgage, home equity, and business loans are not eligible.** A separate *Skip-a-Pay Application* must be submitted for each loan on which you would like to skip a payment. Payments generated by you via bill payment service, ACH initiated at another institution, or similar will be your responsibility to stop during the Skip-a-Pay month. Payments made by direct deposit or payroll deduction will be transferred into your share savings account. Credit insurance products (Credit Life, Disability and GAP) may be affected by Skip-a-Payment. That is, you may have a balance remaining which will not be covered by insurance (should you have a claim) as a result of skipped payments. Federally Insured by NCUA. Equal Opportunity Lender.

Please complete the following:

Borrower: _____ Joint Borrower (if applicable): _____

Street Address: _____ City, State, & Zip: _____

Email: _____

Phone Number: Home: _____ Cell: _____

Account Number: _____ Loan ID/Description: _____

Payment Month to Skip: _____

Withdraw \$30 fee from: Checking or Savings

By signing below, I/we request to skip the above referenced loan payment and agree to pay a \$30 fee for the approved payment skip. All parties on the loan must sign this form.

Borrower Signature: _____ Date: _____

Joint Borrower Signature: _____ Date: _____

**Return this completed form to any Astera branch; by mail to Astera Credit Union
111 S. Waverly Rd, Lansing, MI 48917; or by fax to 517.323.4414.**