

Member Name	Account Number	Loan Number	Payment Amount
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- ✓ I understand that I am skipping one month's payment and agree to resume my regular payment schedule thereafter.
- ✓ I understand that this extension in no way affects the rights according to my Loan Security Agreement with Aurora Policemen Credit Union.
- ✓ I understand that interest will continue to accrue during the month my payment is skipped and my loan term will be extended by one month.
- ✓ I understand that I must submit my request to skip a payment 5 Business Days prior to my regular loan payment date.
- ✓ I understand I am only allowed one skip a payment per year, per loan and a maximum of 3 skip a payments for the term of each loan.
- ✓ I understand a \$25.00 extension fee will be charged to me for this service.

Payment Method: I authorize a withdrawal from my APCU share account. I have enclosed a check

x

x

Borrower Signature

Co-Borrower Signature (*required, if applicable*)

Aurora Policemen Credit Union . 1200 E. Indian Trail . Aurora, IL 60505

Aurora Policemen Credit Union use only: Employee Initials:

Approval Date: