Holiday Skip-a-Pay Agreement

Member Name: _____

Member Number: _____

Loan Type: ☐ Vehicle Loan ☐ Motorcycle Loan ☐ Signature Loan

I would like to skip my loan payment(s) for (choose one):

☐ January 2026

☐ My loan payment is paid automatically using Columbine's Automatic Loan Payment Service on the _____ (date) of each month.*

I would like to pay the $35 per deferral fee by (choose one):

☐ Debit or Credit Card Payment ☐ Debit My CFCU Checking Account ☐ Debit My CFCU Savings Account

If making a Debit/Credit card payment:

Card Number: _____ Name on the Card: _____

Card Expiration Date: _____ Security Code: _____

I (We) agree that I (We) will resume payments following the designated month to be skipped. I (We) understand that interest will continue to accrue. I (We) understand that one additional month will be added to the term of My (Our) loan agreement(s).

Borrower's Signature: _____ Date: _____

Co-Borrower's Signature: _____ Date: _____

**By signing, you authorize that you understand there will be a $35 fee for each loan type and interest will accrue. Choosing to skip a payment will extend the term of the loan(s). Negative amortization may occur. All loans and lines of credit must be current prior to skipping a payment. Must be a member in good standing with the credit union. Loan must be open for at least three (3) months to qualify. To participate in this offer, Skip-A-Pay form must be returned to Columbine no later than three (3) business days prior to the scheduled monthly transaction date. Your ACH will not be stopped. Your funds will be available for withdrawal in your Columbine savings account. See credit union for details. Federally insured by NCUA.*

Credit Union Use Only

☐ Approved ☐ Denied By: _____ Date: _____