



Simply fill out and sign, then email this application to skipapay@kstatecu.com or bring into one of our branches. If you have any questions, please text/call 785-776-3003. If you qualify, you can skip your consumer loan payment(s)** for either the month of November or December for a **\$25 per loan donation**. A portion of this year's proceeds will be donated to the nonprofit organization – Purple PAWS.

IMPORTANT INFORMATION PLEASE READ: **Applications must be received at least **10 days prior** to the loan payment due date or automatic payment date (if applicable) for processing. **Offer does not apply to real estate loans, HELOC, Flex Auto Loans or credit cards.** Loans must be in good standing and open at least six (6) months. All kstate CREDIT UNION accounts must be in good standing to qualify for the Skip-A-Pay program. By participating in the SkipAPay program, your ability for future payment deferrals, outside the program, may be affected. A portion of the donation is used for processing.

By signing below, I hereby agree to pay the remaining balance due on loan(s) at the same payment amount each month starting at the agreed next payment date, plus interest at the same rate as provided in the original note. All other provisions of the original note, except those handled by this agreement, are to remain in full force and effect. Normal interest charges will continue to accrue, and the loan simply ends when all scheduled and deferred payments are paid in full. I understand that to qualify, all loans must not have been more than 30 days past due during the calendar year.

Borrower Name (print) _____ Date _____

Borrower Signature (required) _____

Co-Borrower Name (print) _____ Date _____

Co-Borrower Signature (required-if applicable) _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Email _____

Credit Union Member # _____



Skip my consumer loan payment(s) for (Select November OR December) Each listed loan is subject to approval. Members may not qualify to skip all kstate CREDIT UNION loans associated with your account.

☐ November OR ☐ December Loan # _____

DONATION OPTIONS (select one below & indicate the option in the one you select)

☐ Please deduct (\$25 per loan) from my credit union account: (check one) ☐ Savings ☐ Checking

☐ Personal check (\$25 per loan) ☐ Mailed ☐ Dropped off at branch

****Your application cannot be processed unless you have available funds in your account that can be withdrawn for the donation or have provided a check.**

CREDIT UNION USE ONLY

INTAKE: Initials: _____

Location: EAST WEST ENTERPRISE

Today's Date: _____

Payment due date: _____ Freq: _____

Payment type: ACH AFT CASH

PROCESSOR: Initials _____ Today's Date: _____

☐ Approved ☐ Denied by (Name): _____

Date Member Notified: _____

Member Notified by (check one) ☐ Email ☐ Phone ☐ In Person