



Emergency Skip-A-Payment Validation Form

I am requesting emergency relief assistance from AODFCU because I was recently affected by the Corona Virus (COVID-19) Pandemic.

Member Name: _____

Member Number: _____ **Phone:** _____

Emergency Skip-A-Payment

☐ I would like to skip my loan payment for the month of:
April 2020 **OR** May 2020

Loan ID(s): _____

Member Signature: _____ **Date:** _____

By participating in AOD Federal Credit Union's Skip-A-Pay program, you authorize AODFCU to defer your loan payment(s) as indicated. You agree and understand that: 1) Mortgage loans, Credit Cards, and loans newer than two (2) months may not be eligible for the skip-a-payment program; 2) Payments made through Payroll Deduction or Direct Deposit transfer may be deposited into your Share Savings or Checking Account for the month skipped and will subsequently be available for withdrawal; 3) FINANCE CHARGES will continue to accrue on the unpaid balance during the month you skip your payment and when payments resume, the unpaid interest will be collected first; 4) Deferring your payment will result in your having to pay higher total FINANCE CHARGES than if you made your payment as originally scheduled; 5) The payment deferral may extend the maturity date of your loan(s); 6) You will be required to resume your payments the following month; 7) The emergency Skip-A-Pay is a special program and will not affect your eligibility for a summer or Winter Skip-a-pay if offered during the year 2020 by AODFCU 8) Payment protection and/or GAP insurance may not apply to the extended loan term. Certain restrictions may apply. The offer expires April 30, 2020 for April 2020 skips and May 31, 2020 for May 2020 skips.