



Skip-A-Payment Form

Primary Member Name: _____
Joint Member Name: _____
Account Number: _____

Yes! I want to Skip-A-Payment for the loan(s) and Month(s) below:
If the loan(s) requested had been delinquent for any reason, the credit union reserves the right to deny your application to Skip-A-Payment.

Loan Number: _____ Skip-A-Payment Month(s): _____
Loan Number: _____ Skip-A-Payment Month(s): _____

There is a \$35 fee for EACH loan payment skipped. The fee will be deducted from your TN Members 1st FCU account. If the loan(s) requested had been delinquent for any reason, the credit union reserves the right to deny your application to Skip-A-Payment. Offer applies only to customer installment loans and does not apply to mortgage secured loans or visa cards. Skip-A-Payment can be used for a loan only two times within the life of the loan.

Please deduct \$35.00 (\$35 per loan, per payment skipped) from my: Savings Checking

Extension Agreement

By signing below, you authorize TN Members 1st Federal Credit Union to extend your final payment by one or two month(s) on each loan designated above. Interest will continue to accrue on your loan(s) during the month(s) that you skip your payment.

If a Gap Waiver insurance policy was purchased at the origination of the above-referenced loan, doing a Skip-A-Payment may have an adverse impact as to how a Gap claim is paid by the Gap Insurance carrier. The Credit Union will not be liable for any denial of Gap benefits created by Skip-A-Payment products.

My signature indicates that I have read and agree to the terms of the Skip-A-Payment(s).

Primary Member Signature: _____ **Date:** _____
Joint Member Signature: _____ **Date:** _____

Please fax form to 865-482-2617 or email to loans@fcumail.org

For Credit Union Use:
Comments: _____
Approved Rejected
Loan Officer Signature: _____ Date: _____



Subsequent Action

Borrower 1 Name

Account No.

Date

Borrower 2 Name

Account No.

ADDITION OF BORROWER

On _____ (date), you agree to be bound by all the terms and conditions of the LOANLINER® Credit Agreement and Security Agreement ("Plan"), the LOANLINER Open-End Lending Agreement ("Plan"), or the Open-End Plan ("Plan") of the LOANLINER Multi-Featured Lending Agreement, as applicable. You understand that you may obtain advances under the Plan and that you are obligated to repay all amounts borrowed in the future by any joint borrower on the Plan or you are obligated to repay all amounts borrowed under the Plan, including any amounts owing on this date.

Loan Account No.:

Name(s) of Additional Borrower(s):

Date Plan Opened:

RELEASE OF BORROWER/GUARANTOR

On _____ (date), _____ (_____) is released from all liability or all future but not past liability on Loan Account No. _____.

RELEASE OF SECURITY

Describe Security:

Reason:

MODIFICATION AGREEMENT

You agree to amend the terms of your original agreement and to repay the entire unpaid balance of \$ _____ plus interest at _____ % by paying \$ _____ payment frequency beginning _____ date.

Reason:

Collateral:

CREDIT INSURANCE PROTECTION

If you are interested in purchasing voluntary credit insurance to protect your loan/subaccount, the credit union will disclose the cost and provide an application, schedule and certificate to you. No coverage is in force unless you complete a separate application for credit insurance.

SUBSEQUENT ELECTION OF CREDIT INSURANCE PROTECTION

If You are electing voluntary credit insurance after the date Your Loan was funded or after the date of any Advance, You agree to pay the insurance charge for credit insurance by:

- making more payments of the same amount until what You owe has been repaid.
- increasing Your monthly payment to \$ _____.

For Open-End Plans, Your election for credit insurance applies to:

- the entire Open-End Plan (all existing and future Advances).
- Advance/sub-account:

DECLINATION OR CANCELLATION OF CREDIT INSURANCE PROTECTION

By signing below, you elect to decline or cancel the indicated coverage on loan/subaccount number(s) _____. This declination or cancellation will be effective on the later of _____ or the date of your signature.

Check appropriate box and enter name of borrower(s) declining coverage:

- Credit Life for (Name of Borrower(s)) _____
- Credit Disability for (Name of Borrower(s)) _____

NOTE: For Open-End Plans, you understand that all other Plan subaccounts that were initially covered by credit insurance will continue to be covered unless you cancel specific subaccounts or waive the entire Plan.

SIGNATURES

Borrower 1 Signature

Date

X

(Seal)

Borrower 2 Signature

Date

X

(Seal)

Owner of Collateral (Other than a Borrower)

Date

X

(Seal)

Credit Union Authorization

Date

X