

Relief Skip-A-Pay Application

Member: Loan:				
Phone #:				
Skip-A-Pay Month:				
Monthly Payment Method:				
Payment Book	Automa	tic Payment	ACH Origina	tion
Skip-A-Pay Terms and Condi	<u>tions</u>			
Must be Financially Aff	ected by the COVID	-19 Outbreak.		
• If you have more than	one loan, you can sk	tip a payment on e	ach.	
 No Fee is Required. 				
 This Offer Does Not Ap Credit. 	oply to Real Estate So	ecured Loans, Cred	it Cards, Mobile Hoi	mes or Lines of
 Payments will Resume 	the Month After the	Skip-A-Pay month	1.	
 Member and Co-Signe 	•			
TopMark FCU Reserves	,		olications. Ineligible	Accounts or
Loans will be Notified	•	•		
 Applications may be re 	turned to TopMark	FCU by Mail or Fax		
TopM	ark FCU	Fax: 419-22	4-6338	
	Main St.			
Crider	sville, OH 45806			
How Are You Financially Affec	ted by COVID-19?			
Employer:		Employer Phone #	:	
By signing, I authorize TopMark F extend the maturity date of my loa charges for disability, and/or life in per calendar year. Secured loans a Asset Protection (GAP), skipping a to your GAP contract for applicab days prior to the skip a pay reques	ans(s). All credit union nsurance will continue are limited to six (6) sl loan payment will redu le limits. This offer onl	loans must be curren to accrue for any skip kips over the life of t uce any GAP claim tha	nt at the time of reque oped month. Offer limi the loan. If the loan in at is filed during the lif	st. Interest and an ted to two (2) skip cludes Guaranteed e of the loan. Refe
Member Signature	Date	Co-Signer	Signature	Date
	Office	Use Only		
ate Received:				
pproved:				
enied:				