ARGENT
CREDIT UNION

Skip-A-Payment Application

Member Information			
Member Name:			
Co-Borrower/Guarantor Name:			
Account Number:		Transfer $30.00 fee from:	☐ Savings ☐ Checking
Preferred Method of Confirmation: By providing your email address you agree to receive information about this application by email.	☐ Email: _____ ☐ Phone: _____– Leave Detailed Voicemail: ☐ Yes ☐ No		

Loan Information

Note: Real estate loans, credit cards, lender protected loans, and lines-of-credit are **not eligible** for the Skip-A-Payment program. If you have weekly payments, this Skip-A-Payment applies to 4 weekly payments. If you have bi-weekly or semi-monthly payments, this Skip-A-Payment applies to 2 bi-weekly or semi-monthly payments. Your payments will resume with the next regularly scheduled payment.

Loan Number:		Defer Payment(s) Starting:		Next Regularly Scheduled Payment is Due:	
Loan Type:	☐ Auto Loan ☐ Motorcycle Loan ☐ Personal Loan ☐ RV Loan ☐ Watercraft Loan				

By signing below, you authorize Argent Federal Credit Union to advance your loan due date as stated above on the loan indicated and acknowledge that this may extend the maturity date of your loan. You acknowledge that this request does not change your legal obligation to the Credit Union, that your loan agreement with the Credit Union is merely informally permitting you to defer payment for the period indicated. Interest will continue to accrue on the unpaid balance during the period you defer a payment. When payments resume, unpaid interest will be collected first. You acknowledge that deferring a payment might affect the amount of life, disability or GAP claims. You acknowledge that there is a $30.00 processing fee and payment of this fee must be presented before the request can be processed. If approved, your regular payment will resume on the date indicated above. **Skip-A-Payment application must be received by the Credit Union at least 5 (five) days prior to the deferred loan due date indicated above. Argent Federal Credit Union reserves the right to refuse any Skip-A-Payment application.**

By signing below, I/We agree to and understand the terms stated above.

_____ _____

Borrower Date Co-Borrower/Guarantor Date

Complete and mail to the address listed below.

FOR CREDIT UNION USE

Date Received: _____ **Receiving Employee:** _____ **Request Eligible (Y/N):** _____

Payment Method: ☐ Cash/Check ☐ Transfer Program ☐ ACH – Argent Website ☐ ACH – Argent Bill Pay ☐ ACH – OLB/Mobile App ☐ ACH Form ☐ ACH – External FI ☐ ACH – External Bill Pay

Approved (Y/N): _____ **Date Processed in Keystone:** _____ **Processing Employee:** _____

Date of Next Payment Due: _____ **Payment Deferred to:** _____

Date ACH Payment Cancelled (If applicable): _____

Revision date: 08.20.2026