

Harvest Federal Credit Union

Account# _____ Loan# _____ Loan# _____ Loan# _____

Name(s) _____ Phone# _____

This coupon is good to skip the payment(s) on the above loan(s) during the following month:

(Please check only one) ☐ November 2025 or ☐ December 2025

Please check if the loan payment(s) is:

☐ Set up for a monthly transfer

☐ Direct deposit or payroll deduction

☐ HFCU debits another financial institution

Your Agreement / Terms: I understand that by returning this signed coupon to HFCU, I will be eligible to skip the monthly payment checked above on the above loan(s). I also understand that interest will continue to accrue on my outstanding balance during this time and the term of my loan(s) may be extended. I understand this form must be turned in to Harvest FCU before the due date of the monthly payment I would like to skip. The Credit Union reserves the right to revoke this offer if any of my accounts are in default or if I fail to meet any other condition or criteria of this offer as specified herein. I understand that this coupon can only be used for the specified loan(s); and one loan payment per year per loan. I understand after the skip payment period my normal monthly payment will resume on the first due date following the skip payment period.

This offer is good for only closed end, non-real estate loans. It excludes new loans disbursed on or after June 1, 2025, and loans modified or skipped within the past 12 months.

Note: If you have any form of voluntary insurance or warranty coverage in connection with the loan on which you seek to skip a payment you should ensure your election to skip does not affect your coverage (examples include but are not limited to: Credit Life, Credit Disability, GAP Vehicle Warranty in connection with your loan – not manufacturer or other warranty). Some companies that provide these insurance or warranty services limit the number of extensions on covered loans which may include voluntary skip payments. Such products are provided by third party companies and not the Credit Union so you will need to address any questions to those companies and review your policies / contracts.

Signature _____

Date _____

Joint Signature
Date