



Skip-A-Payment  
Member Submission Form

## YES! I want to SKIP A PAYMENT

Name \_\_\_\_\_ Member Number \_\_\_\_\_

Loan # \_\_\_\_\_ Phone # \_\_\_\_\_

I would like to SKIP the following payment:

November 2025     December 2025     January 2026

(CHECK ONE ONLY)



## YES! I volunteer to donate to Children's Miracle Network

A donation of \$10 or more is suggested. All donations from Skip a Payment stay within the Kansas City area, funding programs at the KU Medical Center-Pediatrics to help heal children and their families.

Make checks payable to Children's Miracle Network OR please debit my account# \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

*By signing you agree to amend the terms of the original agreement and to repay the entire balance plus interest at the rate stated on the original note. You agree to pay the required minimum payment beginning the following month from this extension. If you purchased GAP coverage with your loan, payment of claims may be affected. Refer to your GAP Agreement for coverage restrictions.*

[mainstreetcu.org](http://mainstreetcu.org)

Federally Insured by NCUA

We appreciate your patronage and generosity, and the children do too!