mainstreet credit union

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 2026 ☐ December 2026 ☐ January 2027

(CHECK ONE ONLY)

Credit Unions for Kids™
Children's Miracle Network

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.