

SKIP-A-PAY REQUEST FORM



NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ ACCOUNT# _____ LOAN# _____

MONTH REQUESTING TO SKIP (CIRCLE ONE) – JUNE JULY AUGUST

\$25.00 SKIP-A-PAY FEE TO BE PAID FROM: CHECKING SAVINGS CASH

MEMBER SIGNATURE _____ DATE _____

This application must be submitted no later than five business days in advance of any automatic loan payment such as payroll deduction, an ACH origination or automatic payment. You must also submit this application one week prior to the loan due date. A six-month current payment history is required.

A \$25.00 fee per loan will be assessed for each SKIP-A-PAY approval. **SKIP-A-PAY is subject to credit approval.**

Approval of skip request does not constitute a waiver of interest charges for the month approved. The regular payment skipped will be added to the remaining term of your loan and may increase the total interest paid over the life of the loan.

NOT ALL LOAN TYPES ARE ELIGIBLE- PLEASE CONTACT CREDIT UNION FOR FURTHER DETAILS.

APPROVED _____

DENIED _____

LOAN OFFICER SIGNATURE _____ DATE _____