



SKIP-A-PAYMENT REQUEST FORM

Name: _____ Phone _____

Joint Owner: _____ Phone _____

Address _____

Loan Account Number(s) _____

Deduct Fee from: Checking Account # _____

Savings Account # _____ Check Enclosed _____

I understand that by skipping a loan payment, my loan maturity date will be extended, adding an extra payment at the end of my loan term. Finance charges will continue to be calculated and accrued as agreed in my original loan document, which remains in effect until my loan is paid in full. Loans are limited to one (1) Skip-A-Payment per calendar year, and up to a maximum of three (3) over the life of the loan. Deferring a payment may result in my paying higher total Finance Charges than if I made my payments as originally scheduled. Skipping a payment will not affect my payment record. Loan protection premiums will still be added to the loan for the skipped month. If funds for payment of the Skip-A-Payment fee are not available, the Skip-A-Payment request for is void.

Member Signature Date

Co-Borrower/Joint Owner Signature Date

CREDIT UNION USE ONLY	_____ Loan Type
Date Received _____	_____ Loan Open 12 mo.
Approved By _____	_____ No Late/OD 6 mo.
Date Approved _____	_____ Docs Filed
FLEX Updated - Date _____	_____ Fee Paid
FLEX Updated – Emp. Initials _____	_____ Due Date Changed