

# SKIP-A-PAYMENT REQUEST FORM

**Please indicate the month you would like to "SKIP."  
ALL requests must be received 15 DAYS PRIOR to loan payment due date.**

Please skip my full monthly payment for: \_\_\_\_\_

Member Name: \_\_\_\_\_ Account # \_\_\_\_\_

Loan(s) : # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ or All Eligible Loans: \_\_\_\_\_

Home # ( \_\_\_\_\_ ) \_\_\_\_\_ Work # ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail \_\_\_\_\_

## **Signature(s) Required:**

Borrower \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower \_\_\_\_\_ Date \_\_\_\_\_

## **Processing Fee Options:**

\_\_\_ Deduct \$15.00 per loan from my savings account.

\_\_\_ Deduct \$15.00 per loan from my checking account.

**\* Skip-A-Pay Terms and Conditions:** By participating in CPS/IBEW Federal Credit Union's Skip-A-Pay\* program, you request that CPS/IBEW FCU defer your loan payment(s) as indicated. You agree and understand that: 1) Loans must be current and have had 3 consecutive monthly payments to be eligible. 2) All co borrowers/co-signers of the loan must agree to the Skip-A-Pay program and sign the request. 3) Finance Charges will continue to accrue at the rate provided in your original loan agreement, during and after this time. 4) Deferring your payment will result in your having to pay higher total Finance Charges than if you made your payment as originally scheduled; 5) The payment deferral will extend the terms of your loan(s) and you will have to make extra payment(s) after your loan(s) would otherwise be paid off.\*\* 6) You will be required to resume your payments the following month. 7) You are allowed two Skip-A-Pay per calendar year. 8) There is a \$15.00 service fee to skip each payment on each loan. 9) Skip-A-Pay form must be received fifteen days prior to loan due date. 10) Must be in good standing with the credit union. Certain restrictions may apply.

\*Excludes all credit card or Real Estate Loans

\*\*If you elected Gap and/or MRC the coverage will not be extended beyond the original maturity date

For Office Use Only - Approved By \_\_\_\_\_ Date \_\_\_\_\_



**Print this form, complete and submit to the Credit Union**