

Skip-A-Payment Request

Yes, I would like to skip my loan payment (1 monthly or 2 bi-weekly):
 Month _____ Year _____

Loan(s) # _____ Member # _____

Member Name: _____ Daytime Phone: _____

I would like to pay the \$25.00 per loan processing fee:
 _____ with the enclosed check
 _____ with my FCFCU savings account
 _____ with my FCFCU checking account

*You must be a member in good standing, and all of your loans must have been current during the previous three months to participate in FCFCU's Skip-A-Payment program. **Mortgage loans, Home Equity Loans, Open Ended Personal Loans, and Line of Credit Loans** are not eligible. Skip-A-Payment program does not apply to loans during the first six (6) months of the loan agreement. Skip-A-Payment program limits one (1) skip-a-payment/extension per rolling year and a total of four (4) skip-a-payments/extensions over the life of the loan. You may not skip two consecutive payments.

By signing below, you authorize FCFCU to advance your loan due date by one month on the loan indicated and acknowledge that this may extend the maturity date of your loan. You acknowledge this request does not change your legal obligation to the Credit Union, that your loan agreement with the Credit Union provides for regular monthly payments, and that the Credit Union is merely informally permitting you to defer payment for the month indicated above. Interest will continue to accrue on the unpaid balance during the month you skip-a-payment. When payments resume, unpaid interest will be collected first. You acknowledge that there is a \$25.00 processing fee in order to skip-a-payment and payment of this fee must be presented before the request can be processed. If approved, your regular monthly payment will resume immediately following the month you indicate above. Loan payments usually made through electronic transfer will resume the first payment due date after the month that is skipped. Skip-A-Payment requests must be received by the Credit Union at least three (3) days before your scheduled payment in the month indicated above. FCFCU reserves the right to refuse any Skip-A-Payment request.

Signature: _____ Date: _____

Joint Applicant Signature: _____ Date: _____

Approval: _____ Date: _____

Credit to SK GL _____ Payment date advanced _____ Logged _____ Note in Portico _____
 (please initial above each step as it is completed)

Please drop off or fax the completed form to the branch nearest you or scan/email to the email address below.
 Email Address: netbranch@firstcastlefcu.org