



Skip A Pay Request Form

FIRST NAME: _____

LAST NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

MEMBER (ACCOUNT) #: _____ LOAN ID: _____

YOUR NEXT PAYMENT DATE WILL BE SKIPPED

IS YOUR LOAN SET UP ON AUTOMATIC PAYMENTS?* YES NO

*Skip A Pay must be received two (2) weeks prior to a Chief Financial initiated automatic payment. If this form is not received in time to stop the automatic payment, the next payment date will be skipped. No payment refunds will be processed.

A \$50 NON-REFUNDABLE APPLICATION FEE IS REQUIRED

PAYMENT INFORMATION:

CREDIT/DEBIT CARD**

CARD NUMBER: _____

EXP DATE: _____ BILLING ZIP CODE: _____

**PROCESSED AS CASH ADVANCE - CARD PROVIDER MAY ADD FEE OR OTHER ADDITIONAL CHARGES

TO BE ELIGIBLE:

- ✓ **Loan must be current (no more than 10 days past due at receipt of form & fee)**
- ✓ **Loan must be open at least 90 days**
- ✓ **3 consecutive monthly payments must have been applied to the loan**
- ✓ **No Skip A Payments processed in the past 12 months (rolling)**

INELIGIBLE LOANS:

ONLY ELIGIBLE SKIP A PAYS WILL BE PROCESSED. ALLOW UP TO 2 WEEKS FOR PROCESSING.

- **Real Estate Loan**
- **Line of Credit**
- **Commercial**
- **Credit Cards**
- **ODA Work Out Loan**

By signing below, I understand that this will extend the term of my loan by one (1) month and that interest will continue to be incurred.

MEMBER SIGNATURE: _____ DATE: _____