

Skip-a-Pay Request Form

Member Name: _____

Phone Number: _____

Email Address: _____

1. *Loan Account Number _____

(Choose the month you'd like to skip) Please Skip my _____ Payment

2. *Loan Account Number _____

(Choose the month you'd like to skip) Please Skip my _____ Payment

3. *Loan Account Number _____

(Choose the month you'd like to skip) Please Skip my _____ Payment

Please deduct the Skip-a-Pay enrollment fee (\$35 per loan) from my (choose one):

Account Number _____

(Choose one) **Checking Account or Savings Account**

Member Signature _____

Date _____

I understand by signing this document, I agree to skip my loan payment(s) that each loan skipped is subject to a \$35 Skip-A-Pay enrollment fee and will be automatically deducted from checking/savings account. I further understand that interest will continue to accrue and that the term of my loan will be extended, and my payments will resume per my original loan agreement after the designated month is skipped.

**Skip-A-Pay is available on all loans excluding real estate, flexLINE, Extra Quick Loan, Youth Loans, Balloon Loans, Share Pledge Loans, and any loan with current deferments or recent extension. Eligible loans must be at least three months old. A signed Skip-A-Pay request form or an online submission must be received by Extra Credit Union at least two weeks prior to the payment being skipped.*