

Skip A Payment

Name:

Phone:

E-Mail (required for confirmation notice):

Deduct the \$35 fee(s) from my:

Checking

Savings

St. Paul Federal
CREDIT UNION

Please skip my next payment on the following consumer loan(s):*

Member Number: Member Number:

Loan Number: Loan Number:

Loan Type: Loan Type:

*All loans must be open for at least six (6) months and be current for the past six (6) months to qualify. Requests are subject to Credit Union approval. All requests must be received ten (10) days prior to loan due date. **Consumer loans only, does not include Mortgage loans, VISA® Credit Cards, or LOC.** Only one (1) payment skipped per six (6) month period allowed. Upon processing your next payment due will be advanced one payment cycle.

**If your loan payments are made through payroll deduction, funds will be directed to your primary savings account for the skipped month and re-directed to your loan the following month. Skipped payment will not be processed until payment of \$35 per loan fee(s) is withdrawn.

I have read and understand this agreement. By signing and dating this form, I agree to all terms and conditions of the Skip-A-Payment program. Skipping payments may extend the term of your loan(s) and interest will continue to accrue on your loan(s) during the skipped payment period. I also agree to repay the entire unpaid balance of my St. Paul Federal Credit Union loan(s) at the interest rate and according to the payment schedule stated on the original loan agreement(s), if applicable. If you have GAP on your loan, you are allowed up to two skipped payments for the life of the loan. Any faxed transmission of your signature may be held equally enforceable as your genuine signature.

Signature: _____ Date: _____