Skip-a-Pay Request Form

Important information about the Skip-a-Pay program:
- Skip-a-Pay allows you to skip a payment once every twelve months. The payment is added to the end of the loan, extended the term of your loan. After the skip, you resume making your scheduled payments.
- Skip-a-Pay is available for all consumer loans excluding home loans, credit cards, lines of credit, and credit repair loans. Also, any loan that has been modified is not eligible for Skip-a-Pay.
- Interest will still accrue on your loan. If you are signed up for any insurance on your loan (such as credit life and credit disability insurance), you will still be charged monthly for it.
- If you are repaying your loan via ACH Origination, we must receive your request at least 15 days prior to the due date.

Criteria to be eligible for Skip-a-Pay:
- The loan you want to skip a payment on must not have any skipped payments within the last twelve months.
- The loan must have been open for at least 90 days.
- You must have not been delinquent on any loan for the last twelve months.
- You must have no ACH returns or check returns on your account for the last twelve months.
- You must have a valid mailing address. Mail that is returned to us is not considered a valid mailing address.
- You must have the minimum balance in your savings account, and you cannot have any negative balance in any of your accounts within the last twelve months.
- All applicants and co-applicants on the loan must agree to request the Skip-a-Pay.

How to request a Skip-a-Pay:
- You must pay $30 per skip for each loan you request Skip-a-Pay. This is nonrefundable. The funds must be available in your savings or checking account with the credit union at the time you submit your request for the Skip-a-Pay.
- All applicants and co-applicants must sign this form stating they agree to request the Skip-a-Pay.

By signing below, I/We request to use Skip-a-Pay on the loan listed below. I/We understand how the Skip-a-Pay works as explained above and agree to pay the charges associated with requesting the Skip-a-Pay.

X_____   X_____

Print name: _____   Print name: _____