

Skip A Payment Request

Sfcu Use Only: Acct Number:_____ Name:_____ Soc Sec:_____ Posting Date:_____

Each Loan/Credit Card suffix requires a separate form.

Name:				Daytime Phone:				
Account Number:				Loan Suffix:				
	January	February	March	April	May	June		
	July	August	September	October	November	December		
Fee Paymen	t Information:							
Take \$25 fee from my checking account # Suffix: Take \$25 fee from my savings account # Add \$25 fee to my loan balance** **I understand and agree that my election will result in a modification to my loan agreement, interest will accrue on the overall balance (including on the fee), and my election may result in a larger final payment or extending the loan past the original maturity date. This fee and any other fee added to the loan will not be covered in the event of a GAP Claim**								

ALL BORROWERS/GUARANTORS WHO SIGNED THE ORIGINAL AGREEMENT MUST SIGN THIS FORM.

The undersigned hereby makes a written request to Sidney Federal Credit Union to extend the payment of my credit card or consumer loan by permitting the regular monthly payment due to be advanced by one month. This in no way otherwise alters the terms and conditions of the original loan contract(s) as previously disclosed to the borrower. Interest at the agreed rate will continue to accrue on the unpaid balance of the credit card and consumer loan. Unpaid credit card or consumer loan balances will continue to accrue interest charges during the "skipped" month. Credit cards and/or consumer loans need to be current. The first payment on a new credit card or consumer loan does not qualify. By agreeing to utilize the "Skip-A-Payment" option on our secured loan(s) we acknowledge that we will be extending the term of our loan past the original maturity date, and that period will not be covered by GAP insurance in the event a claim is filed. This promotion does not apply to Real Estate, Driving Sense/Auto Lease Like Program, Business or Certificate Secured loans. A \$25.00 fee applies. Additional restrictions may apply.

I acknowledge that this is my **ONE TIME** Skip A Payment for this calendar year.

If I have automatic payments set up using my debit card or routing number, I understand this will be cancelled, and I understand that I will need to call next month to set up a new payment arrangement.

Borrower Signature:	Date:
Co-Borrower Signature:	_Date:
Guarantor Signature:	_Date:

Sfcu Use Only:

Billing Tree - Billing tree payment has been cancelled or email sent to Digital Operations requesting billing tree payment be cancelled

Request Taken By:		Date:	
Processed By (Loan Serv.):		Date:	
Skip Decision: Approved De	enied		
Scheduled Disbursement/Direct Deposit:	Yes	No	
If Yes, New Next Posting Date:			
Comments:			