



SKIP-A-PAYMENT REQUEST

I would like to skip my loan payment for the month indicated below. I understand that the repayment terms of my loan will be extended unless I request special arrangements. If I am on Direct Deposit or Payroll Deduction, I hereby authorize Financial 21 Community Credit Union to deposit deductions for the month stated below into my savings account for me to withdraw at my convenience.

MasterCard Accounts, delinquent loans, and any closed-end consumer or real estate loans are not eligible. **All Skip-A-Payment requests are subject to approval.** This form must be submitted at least ten (10) days prior to the loan due date.

Upon receipt of this request, a processing fee of \$25.00 will be collected. **If sufficient funds are not available in the share account number given below, this request will not be processed.** If this request is not approved, you will be notified with two (2) business days after receipt of this request.

Name: _____ Phone Number: _____

Account Number: _____ Loan ID: _____

Pay Fee from Share Account Number: _____ Month to Defer: _____

Signature: _____ Date: _____

REV 10/06

This section is for Credit Union use only.

Approved by: User ID# _____ Initials _____ Date _____