

# Skip-A-Payment Request Form

Name of Borrower: \_\_\_\_\_  
 Name of Co-Borrower/Co-Signer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Account #: \_\_\_\_\_ (please include the Ltype)  
 Requested Month To Skip: \_\_\_\_\_



## METHOD OF PAYMENT

How would you like to pay the Skip-A-Pay fee?

- Check attached for \$25 per loan skipped  
 Please transfer \$25 per loan skipped from my acct# & suffix #:

\_\_\_\_\_ (acct# & suffix #)

Return completed form (with fee if paying by check) in person at Parishioners FCU office or by mail to Parishioners FCU, 2355 Crenshaw Blvd., Ste. 100, Torrance, CA 90501. Form and fee must be received by Parishioners FCU (5) business days before your loan payment is due.

**Skip-A-Pay Terms and Conditions:** By participating in Parishioners FCU Skip-A-Pay\* program, you request that Parishioners FCU defer your current loan payment up to 30 days. You agree and understand that: 1) Loans must have originated 6 months prior to be eligible; 2) All co-borrowers/co-signers of the loan must agree to the Skip-A-Pay program and sign the request; 3) FINANCE CHARGES will continue to accrue at the rate provided in your original loan agreement, during and after this time; 4) Deferring your payment will result in your having to pay higher total FINANCE CHARGES than if you made your payment as originally scheduled; 5) The payment deferral will extend the terms of your loan(s) \*\* and you will have to make extra payment(s) after your loan(s) would otherwise be paid off; 6) You will be required to resume your payments the following month; 7) You may Skip one loan payment per year based from your last request; 8) There is a \$25 service fee to skip each payment on each loan; 9) Must be in good standing with the credit union. Certain restrictions may apply.

**Skip-A-Pay Agreement:** I/we, hereby request Parishioners FCU to allow me/us to skip the payment(s) on the loan account(s) listed here, due on the dates I/we have indicated. I/we understand that if this request is granted, interest will continue to accrue on the balance, and that skipping this payment will require me/us to make additional payments in order to payoff the loan. All skip requests are subject to approval.

<b>For Credit Union Use Only:</b>	
Received by:	_____
Date:	_____
Processed by:	_____
Date:	_____
<input type="checkbox"/>	Minimum 6 pmts made (on original loan)
<input type="checkbox"/>	Loan is current/Good standing
<input type="checkbox"/>	Fee received
<input type="checkbox"/>	Contact added on system



### Signature(s) Required:

Borrower X: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower/Co-Signer X: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Excludes First TD Real Estate, Home Equity Lines of Credit, Cash Advance Lines of Credit and PFCU Affinity Credit Cards.  
 \*\*If you elected GAP, Credit Life and Disability Insurance, the coverage will not be extended beyond the original maturity date and may affect the GAP payout at total loss and Credit Life and Disability claims.