



Put a Little Green Back in your Pocket

Return Form by November 30, 2023

Four Corners FCU



Skip-A-Pay Form

Name of Borrower: _____

Name of Co-Borrower/Co-Signer: _____

Account #: _____ Loan Suffix #(s): _____

Payment \$(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Method of Payment

A **\$35 processing fee** for each loan will be deducted from your savings (01) or PTA (98) account upon receipt.

Deduct fee from ___ Savings (01) or ___ PTA (98)

___ Debit (99)

(Account #) _____

<p>For CU use only: CASH/AUTOXFER: _____</p> <p>Original Loan Term: _____ Remaining Term: _____</p> <p>Processed By: _____ Date: _____</p> <p>___ Minimum three (3) payments made (on original loan)</p> <p>___ Loan is current ___ Fee Amount Collected</p> <p style="text-align: center;">Member in good standing, no delinquent loans, unpaid Charge-offs or negative share accounts.</p>

By participating in FCFCU's Skip-A-Pay** Program, you request that FCFCU defer your loan payment(s) as indicated. You agree and understand that; 1) Loans must be of current status; 2) Loans must have originated three months prior to be eligible; 3) All co-borrowers/co-signers of the loan must agree to the Skip-A-Pay Program and sign the request; 4) Finance charges will continue to accrue at the rate provided in your original loan agreement, during and after this time; 5) Deferring your payment will result in you having to pay higher total finance charges than if you made your payments as originally scheduled; 6) The payment deferral will extend the terms of your loans(s) and you resume your payments the following month; 7) A minimum of three loan payments must be made between skipped payments; 8) Number of Skip-A-Pays allowed is based on loan term/remaining term; one skip per each year of loan term

*If you elected GAP and /or MRC coverage, the coverage will not be extended beyond the original maturity date.

****Excludes PALs, Seasonals, and Emergency Loans.**

Skip-A-Pay Agreement: I/We hereby request FCFCU 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 pay off the loan.

Signature(s) Required:

Borrower _____ Date _____

Co-Borrower/Co-Signer _____ Date _____

Form Received By: _____