



TIS THE SEASON TO BE JOLLY

RETURN FORM BY NOVEMBER 29, 2024

Name of Borrower: _____

Name of Co-Borrower/Co-Signer: _____

Account#: _____ Loan#: _____ Payment Amount: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

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 (ex: 60-month term=five(5) skips). *If you elected GAP and /or MRC coverage, the coverage will not be extended beyond the original maturity date. **Excludes PALs, Future Funds, 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.

METHOD OF PAYMENT - A \$35 PROCESSING FEE FOR EACH LOAN WILL BE DEDUCTED FROM YOUR ACCOUNT UPON RECEIPT.

DEDUCT FEE FROM: _____ SAVINGS(01) _____ PTA(98) _____ DEBIT CARD(99)

Signature(s) Required:

Borrower: _____ Date: _____

Co-Borrower/Co-Signer: _____ Date: _____

Form Received By: _____ Date: _____

For CU use only:

Company ID #: _____

Original Loan Term: _____ Remaining Term: _____

Processed By: _____ Date: _____

Minimum three (3) payments made (on original loan) _____

Loan is current _____ Fee Amount Collected _____

***Member in good standing, no delinquent loans, unpaid Charge-offs or negative share accounts.**

