Skip-A-Payment Enrollment Form

Member Information	
Member Name	Co-Borrower Name
Account Number	Daytime Phone Number

Loan Information	
Loan ID(s) Loan #_____ / Loan #_____	Payment Amount(s) $ ___.___ / $ ___.___
Skip my payment(s) due on Summer _____ / Summer _____ Holiday _____ / Holiday _____	How did you learn about our Skip-A-Pay Program?

Payments are currently made by:
 ☐ Cash / Check
 ☐ Automatic Payment from Savings / Checking
 ☐ Payroll Deduction
 ☐ Transfer from another Financial Institution*
    Transfer Date:_____
    We must have the exact date of transfer
 	
 *If USECU originates the payment from another financial institution directly to your loan, it will be skipped. If USECU originates the payment from another institution to your *deposit account*, the transfer will be processed; however, the loan payment will be skipped.
	A $25 fee per skipped loan will be assessed to process this request. Please deduct the fee(s) from my:
	
	 ☐ USECU Savings
	 ☐ USECU Checking
	
	 If insufficient funds are in the designated account to pay the Skip-A-Payment fee(s), this request will not be honored.

Requirements

All accounts with the credit union must be current and in good standing.
You must have made 6 consecutive monthly payments.
Maximum of 2 Skip-A-Payments per loan per rolling calendar year.
Completed and signed Skip-A-Payment Enrollment Form must be received 10 days before the scheduled payment due date you wish to skip.
Offer expires on the last day of the month prior to the month that payment is skipped.

I/We understand that this application is subject to approval and interest will continue to accrue during the Skip A Payment period. Line of Credit, Single Payment, Member Assurance Loans & Credit Cards are not eligible. This will extend the original loan term and increase the total amount of finance charges on the loan. If I/We have GAP Insurance or Credit Insurance on this loan, additional payments or interest accrued as a result of the Skip-A-Payment, may not be covered in the event of a claim. Payments that have already been made will not be refunded.

By signing this form, I authorize USECU to skip my payment on the loan(s) listed above.

Member Signature: _____

Co-Borrower Signature: _____
All applicants on the loan are required to sign this form.

For Office Use Only	
Originated by:	
Approved:	Denied:
ACH Off:	ACH On:

Rev:102122

RETURN FORM VIA EMAIL TO: SkipAPay@usecreditunion.com or fax to: 713.595.3304