USE CREDIT UNION
24909 Kuykendahl Rd Tomball, TX 77375
9700 Richmond Ave, Suite 150 Houston, TX 77042
713-595-3400
www.usecreditunion.com

Skip-A-Payment Enrollment Form

Member Information	
Member Name	Co-Borrower Name
Account Number	Daytime Phone Number
Loan Information	
Loan ID(s) Loan #_____ / Loan #_____ / Loan #_____	Payment Amount(s) $ _____.___ / $ _____.___ / $ _____.___
Skip my payment(s) due on August _____ / August _____ / August _____	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.
Form must be received at least 10 days prior to due date.
Offer expires **July 31st, 2024**

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:0612нл24

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