



Skip-A-Pay Request

Name: _____ Member Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Loan Number to Skip: _____ Next Payment Date: _____

Loan Number to Skip: _____ Next Payment Date: _____

Loan Number to Skip: _____ Next Payment Date: _____

Member Signature _____ Date

Joint Signature _____ Date

By signing above, you authorize Vital Federal Credit Union to advance your loan due date as stated above on the loan indicated and acknowledge that this will extend the maturity date of your loan. You understand that interest will continue to accrue and that this does not change your legal obligation to the Credit Union. You understand that skipping a loan payment may affect any life, disability, debt protection, or GAP claims. In order to be eligible to skip a payment you must have made at least six (6) consecutive payments and all of your accounts with the credit union must be in good standing. Open-end loans including HELOC, Visa Credit Cards, or overdraft protection loans are not eligible for the skip-a-pay program. Skipped payments are limited to two (2) skips per calendar year and six (6) skips over the life of the loan. You understand that there is a \$30.00 fee per loan for utilizing the Skip-A-Pay program and this fee must be paid before your payment will be skipped. You acknowledge that your regular payments will resume on the date listed above. You must complete this form at least five (5) business days before your loan due date in order to be considered for the skip-a-pay program. You are responsible for stopping any automatic draft, recurring transfer, or bill payments that you have scheduled for your loan payment. Vital Federal Credit Union reserves the right to refuse any Skip-A-Payment application. Terms of this program are subject to change at any time.