



SKIP PAYMENT REQUEST FORM

Each skipped loan will incur a \$32 fee. Please fill out this form and **submit by the 10th of the month** in order to skip the up-coming month's payment. Mail this form back to: Family First Credit Union, 1560 Holcomb Bridge Rd., Roswell, GA 30076. You may also fax this form to (770) 667-8329 or drop it off at either of our convenient branches.

MEMBER NAME: _____ MEMBER #: _____ CONTACT #: _____

PLEASE TAKE THE \$32 (PER LOAN) FROM THE FOLLOWING ACCOUNT:

OR: ☐ PAYMENT ENCLOSED

☐ CHECKING ☐ SAVINGS ☐ MONEY MARKET ACCOUNT #: _____

OR: ☐ APPLY TO LOAN

LOAN #: _____

☐ JANUARY

☐ FEBRUARY

☐ MARCH

☐ APRIL

☐ MAY

☐ JUNE

AMOUNT: _____

☐ JULY

☐ AUGUST

☐ SEPTEMBER

☐ OCTOBER

☐ NOVEMBER

☐ DECEMBER

PLEASE SELECT 1 MONTH ONLY

IF THIS IS A BI-WEEKLY PAYMENT, PLEASE SPECIFY THOSE DATES: _____

LOAN #: _____

☐ JANUARY

☐ FEBRUARY

☐ MARCH

☐ APRIL

☐ MAY

☐ JUNE

AMOUNT: _____

☐ JULY

☐ AUGUST

☐ SEPTEMBER

☐ OCTOBER

☐ NOVEMBER

☐ DECEMBER

PLEASE SELECT 1 MONTH ONLY

IF THIS IS A BI-WEEKLY PAYMENT, PLEASE SPECIFY THOSE DATES: _____

LOAN #: _____

☐ JANUARY

☐ FEBRUARY

☐ MARCH

☐ APRIL

☐ MAY

☐ JUNE

AMOUNT: _____

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☐ AUGUST

☐ SEPTEMBER

☐ OCTOBER

☐ NOVEMBER

☐ DECEMBER

PLEASE SELECT 1 MONTH ONLY

IF THIS IS A BI-WEEKLY PAYMENT, PLEASE SPECIFY THOSE DATES: _____

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☐ JANUARY

☐ FEBRUARY

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☐ APRIL

☐ MAY

☐ JUNE

AMOUNT: _____

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☐ SEPTEMBER

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☐ NOVEMBER

☐ DECEMBER

PLEASE SELECT 1 MONTH ONLY

IF THIS IS A BI-WEEKLY PAYMENT, PLEASE SPECIFY THOSE DATES: _____

LOAN #: _____

☐ JANUARY

☐ FEBRUARY

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☐ JUNE

AMOUNT: _____

☐ JULY

☐ AUGUST

☐ SEPTEMBER

☐ OCTOBER

☐ NOVEMBER

☐ DECEMBER

PLEASE SELECT 1 MONTH ONLY

IF THIS IS A BI-WEEKLY PAYMENT, PLEASE SPECIFY THOSE DATES: _____

Your account must be in good standing. The Skip Payment Request may not be used for the initial payment on any loan. Skipping a loan payment gives Family First Credit Union the power to extend your final loan payment. Finance charges will continue to accrue on any unpaid balances. Any finance charges acquired during a skip payment term may not be covered in any possible Gap claims filed. The skip payment will cause the principal payment to pay at a slower rate than the original terms of the loan agreement which may not be covered in any possible Gap claims filed. The Credit Union has the right to decide whether any previous actions may disqualify your account. If your Skip Payment Request Form is granted, you will be charged a \$32.00 processing fee per loan. A granted Skip Payment Request allows the member to skip one (1) month's regular payment on that specified loan. The regular payment schedule will resume the following month after the selected skip month. Limited to one Skip Payment Request per loan per 6 months, provided your account(s) with Family First Credit Union are in good standing and no payment suspensions have been granted within 6 months. Real Estate and Visa loans excluded.

BORROWER'S SIGNATURE: _____ **DATE:** _____

JOINT/CO BORROWER'S SIGNATURE: _____

CREDIT UNION USE ONLY

APPROVED BY: _____

DATE: _____