

SKIP A PAY
REQUEST FORM

Primary Member Number: _____ Date: _____
Primary Member Name: _____

I am requesting to skip the following type of skip a pay:

If you choose to skip a payment due to a hardship, please explain your current situation on why you are not able to make your payment.

If hardship is selected

There is a \$25.00 fee for each loan account skipped. There are loans that do not meet guidelines, and can not be skipped. You cannot be in bankruptcy. The following loan types are: Line of Credits, Home Equity, First Mortgage and MasterCard.

List below the loan accounts you are requesting. Skip a payments are for one month. One month equals two bi-weekly or semi-monthly payments or four weekly payments.

_____ O _____ the \$25.00 fee per loa
Loan number or description

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All borrower(s) must sign the original skip a pay form. Once your request has been approved, we will forward the skip a payment form via email. **All borrower(s) must have an individual email account in order to sign electronically. Emails can not be shared.** If you wish not to sign electronically, indicate below and we will mail the form to the primary account holder on the loan account.

Electronic Signature (If single borrower, then type "**Same**" in the additional fields)

Please forward a skip a payment form to the primary address.

Email address (Required per borrower)	Borrower(s) listed on the loan	Daytime phone
_____	_____	_____
_____	_____	_____
_____	_____	_____