



JERSEY CENTRAL
FEDERAL CREDIT UNION

Skip-A-Payment Request

Date: _____

Member Name: _____

Acct #: _____

Phone #: _____

Skip all Loans?

Month to Skip: _____

Yes No

Co-Signer Name (if any): _____

Skip Loan Suffix #: _____

*Please complete this form and return it to the Credit Union no later than five (5) business days prior to the monthly payment you want skipped. At least three (3) monthly payments must be made on a loan before it is eligible. Loans currently being paid via credit disability are not eligible. All Skip-A-Payment requests are subject to individual review.

By signing below, you agree to the following Terms and Conditions:

I authorize Jersey Central Federal Credit Union to extend my loan term(s) by one month. I understand that interest will continue to accumulate on my loan during the month my payment is skipped, thus the total amount paid for finance charges could be greater than stated on my loan disclosure. If my payment is made by Direct Deposit or Payroll Deduction, I understand those funds will continue to go to the Credit Union but will not be applied to my loan.

I understand that only one month's payments can be skipped on each loan in a calendar year and that regular payments will resume the following month. Loan payments cannot be skipped in consecutive months (December and January) even though they are in different calendar years. Monthly premium for GAP coverage and/or Payment Protection will still be added to the loan on the skipped month.

I agree to pay a processing fee of \$15.00 per loan skipped. I authorize this fee to be deducted from my share savings account. I acknowledge that my account is in good standing with the Credit Union.

Member Signature: _____

Co-Signer Signature (if any): _____

Rev: 11/14/2013