Skip-A-Pay Request Form

Please complete this form if you wish to skip your Vocal Credit Union Loan Payment (excluding Mortgages, Home Equity Lines/Loans, Visa Credit Cards, and any Open-Ended Lines of Credit). You are eligible to **skip 1 payment per loan on a 12 month rolling calendar basis**, and you must submit a separate request for each loan payment you would like to skip. **Your loan must meet eligibility requirements**.

By completing this form, I understand that Vocal Credit Union will review my accounts and that there is a **$25.00** processing fee **per loan** that I choose to skip. I understand the **$25.00** fee must be included with the request or must be made available in my Vocal Credit Union account (fee will be taken from available funds), and **that I cannot be delinquent (past due) on any loans with Vocal Credit Union for this request to be approved and processed.**

I am instructing Vocal Credit Union to SKIP the following loan payment:

Loan Acct #	
Date of Payment to be skipped	
☐ Funds are attached to form	☐ Funds are in my Account

_____ _____ _____ _____

Primary Borrower Date Co-Borrower Date

***If there is a Co-Borrower on the loan, he/she MUST also sign the Skip-A-Pay Request Form, acknowledging the request.**

By participating in Vocal Credit Union Skip-A-Payment program, you are requesting that Vocal Credit Union defer your loan payment as indicated. You agree and understand that:

1. **FINANCE CHARGES** will continue to accrue at the rate provided in your original loan agreement, during and after this time.
2. Deferring your payment will result in your having to pay a higher total **FINANCE CHARGES** than if you made your payment as originally scheduled.
3. The payment deferral will extend the terms of your loan and you will have to make extra payments after your loan would of otherwise been paid off (excludes certificate secured loans which require a new loan to be executed upon maturity of certificate).
4. You will be required to resume your payments the following month.
5. A fee of **$25.00** per loan will be deducted from a savings or checking account for this service at the time the request is processed.
6. If you elected GAP, the coverage will not be extended beyond the original maturity date.

All deferrals are subject to Vocal Credit Union approval. Your loan(s) must be current (NO amount past due) to accept this offer. Certain restrictions may apply. Mail completed form with **$25.00** per loan you wish to skip to **PO BOX 7449, Helena, MT 59604** or bring in to **2910 Prospect Ave Helena, MT 59601.**

Credit Union Use Only

Approved ☐ **YES** ☐ **NO**

Approving Officer	
Date	
Reason	