UHS Employees Federal Credit Union

Skip-A-Payment Request Form

Member Name_____ Member Account #_____

Payment Method (Weekly, Bi-Weekly or Month)	# of Requested Payment(s) to be skipped	Payment Amount	Loan ID	Requested Date(s) to be skipped

Members can request a Skip-a-payment(s) for (4) consecutive weekly, (2) consecutive Bi-weekly or (1) monthly loan payment every 12 months. Members must complete this form and submit to any of the Credit Union Offices at least **2 days prior to the loan due date**.

Loans eligible for skip payments are as follows:

- Auto Loans (New and Used)
- Recreational Vehicle Loans (New and Used)
- Personal Loans
- Share Secured Loans

By requesting a skip-a-payment, the loan term as originally disclosed will be extended. Finance charge will continue to accrue during the time between payments. Excluding length of repayment and total interest to be paid, all original disclosures, terms and conditions of the original loan contract remain in effect.

If you purchased GAP coverage on your Auto Loan, you understand that you may jeopardize any future GAP claim in the event of a total loss on the covered vehicle. Please refer to your GAP contract for further details or speak with one of our lending representatives for further information.

I (we) understand the information disclosed on this form and are requesting the above payments to be skipped for the dates listed.

Borrower Signature_____ Date: _____

Co-Borrower's/Guarantor's Signature_____ Date: _____

*Loans prior to January 2018 please note that if there is disability insurance coverage on the loan that a skip-a-payment is being processed, the coverage will expire on the original maturity date.

* $20.00 fee per loan to be paid from account – savings or checking (please indicate)

* Limit of (1) Monthly or (2) Bi-Weekly or (4) Weekly Skip-A-Payments in a twelve-month period.

* All Borrower(s)/Guarantor(s) who signed the original loan agreement must sign this form.

Credit Union Use: Approved and Processed by _____Date: _____
Ineligible for skip explanation of reason: _____

Skip-A-Payment review after processing by: Date:

Federally insured by NCUA

Payroll Deduction Authorization due to a Skip-A-Payment Request

Member Name:_____ **Member No.**_____

Cell Phone:_____ **Work Phone:**_____

By signing below, I authorize UHS Employees Federal Credit Union to temporarily stop my automatic payment on Loan #_____ starting with next payment on ____/____/_____ for reason of Skip-A-Payment request. Please resume the automatic payment on _____/____/ _____.

Signature:_____ Date:_____

Credit Union Use:
Approved and Processed by _____ Date:_____

Processed the resuming of the payment by _____Date:_____

Member Name:_____ **Member No.**_____

Cell Phone:_____ **Work Phone:**_____

By signing below, I authorize UHS Employees Federal Credit Union to temporarily stop my automatic payment on Loan #_____ starting with next payment on ____/____/_____ for reason of Skip-A-Payment request. Please resume the automatic payment on _____/____/ _____.

Signature:_____ Date:_____

Credit Union Use:
Approved and Processed by _____ Date:_____

Processed the resuming of the payment by _____Date:_____