

## **Skip Payment Form**

I request to skip the following loan payment(s) and will pay a \$25.00 skip payment fee per loan. (\$5.00 of the fee will be donated to a worthy cause of One Community FCU's choosing)

CU Employee Signature:

By participating in One Community Federal Credit Union's Skip Payment program, you request that One Community Federal Credit Union defer your loan payment(s) as indicated. You can only skip one payment at a time and a maximum of two times in a 12-month rolling period. A minimum of 120 days is required between skipped loan payments per loan. Your loan(s) must be current (have no amount past due) to accept this offer. 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 loan having to pay higher total finance charges than if you made your payment as originally scheduled; 3) the payment deferral will extend the term of your loan(s) and you will have to make extra payment(s) after your loan(s) would otherwise be paid off; 4) you will be required to resume your payment(s) the month following the month chosen to skip; 5) a fee of \$25.00 per loan will be provided or deducted from a savings or checking account with One Community Federal Credit Union. All deferrals are subject to One Community Federal Credit Union's approval. Certain restrictions may apply. Excludes real estate loans.

Member Name		Member #	
Phone Number			
Loan #	Month Skipped	Loan #	Month Skipped
Loan #	Month Skipped	Loan #	Month Skipped
Please select the meinstitution.	thod of payment that applies. W	/e require at least 4	days' notice to stop payments from another financial
$\square$ Auto payment from another financial institution		☐ Auto pay from any One Community FCU	
☐ Cash or other means		☐ Payroll deduction from	
Select the following	option to pay the \$25.00 skip pa	yment fee per loan:	
☐ My \$25.00 payme	ent per loan is enclosed.		
☐ Deduct the fee(s)	from my One Community FCU	☐ Checking account	☐ Savings account
To apply for the Skip	Payment program, please provide	e the completed and s	signed request form. Other options are:
<ol> <li>Fax to 304-4</li> <li>Email to Lo.</li> </ol>	ansDept@onecommunityfcu.org	100	
			Skip Payment program and agree to the \$25.00 fee per pan(s) to ensure the request was approved and processed.
Primary Signature:			Date:
Joint Signature:			Date: