HomeTown CREDIT UNION

(888) 451-3798
www.HomeTownCU.coop

SKIP-PAY REQUEST

Skip payments are offered one time per 12-month period.
Form must be submitted 3 business days before the due date.

Print Name: _____ Phone: _____

Email: _____ Member # _____

Skip payment offer excludes credit cards and real estate loans. Must provide processing fee(s) before we will process skip-pay. All Credit Union accounts must be current and in good standing to qualify for this offer. All requests are subject to Credit Union approval. GAP waiver does not include any skipped payments.

Deposit Skip Pay processing fee to the Primary Share Savings

Skip-Pay Request for:

Month to skip: _____ **Payment Frequency:** _____

Loan ID: _____ Loan Payment Amount: _____

I have read and understand this agreement. By signing this form, I agree to all terms and conditions of the Skip-Pay Program, and I agree to amend the terms of the original loan agreement(s) by one (1) month due to the skipped payment. I also agree to repay the entire unpaid balance of my HomeTown Credit Union loan(s) at the interest rate and according to the payment schedule stated on the original loan agreement(s), if applicable. Any faxed transmission of your signature may be held equally enforceable as your genuine signature.

Member Signature: _____ **Date:** _____