

SPENCERPORT

Federal Credit Union

2775 Spencerport Rd (PO Box 86)

Spencerport, NY 14559

585-352-6890

Holiday Skip A Pay Program

(For November, December, or January Payment only)

Completed form and fee must be received by SFCU at least 5 days before the loan payment is due. If you wish to skip a payment on more than one loan, please complete one form for each loan. You may write one check for the total. Form must be signed by all borrowers on the loan.

Borrower: _____ Co-Borrower or Guarantor: _____

Address: _____ City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____ Email: _____

Loan Number: _____ Loan Type: (Auto, etc) _____

Due date of payment that you are asking to skip: _____

My loan is on automatic payments from another financial institution _____ (Yes/No)

(Offer excludes Mortgages, Home Equity Lines of Credit, Home Equity Loans, VISA credit cards, Overdraft Lines of Credit, and loans that are delinquent at the time of the request)

The fee for a SFCU Skip-A-Pay is \$25.00 (This is a Finance Charge)

_____ My check payable to Spencerport FCU is enclosed

_____ Please transfer the funds from my SFCU Account # _____

By signing and returning this form to Spencerport Federal Credit Union with my \$25.00 Fee, I acknowledge that I am applying to skip one payment on the loan listed above. I understand that interest will continue to accrue on the outstanding balance of my loan during this time. I also understand that the terms of my loan may be impacted by the Finance Charge and that the loan maturity date will be extended by one month. If I do not qualify for the program (wrong loan type, currently delinquent, forms and fee not submitted far enough ahead, etc) I understand that my regularly scheduled payment will be due as usual.

Borrower's Signature: _____ Date: _____

Co-borrower/Guarantor's Signature _____ Date: _____

2 SFCU Approvals: _____ Date: _____