



Skip-a-Payment Authorization Form

Complete and Sign form. Drop it off at any branch, fax it to 703.352.3960, or mail it to us at FCFCU, P.O. Box 1300, Fairfax, VA 22038 (Attention: Member Services Department).

Member Name _____ Account Number _____

Address _____
City State Zip

Home Phone _____ Work Phone _____ Cell# _____

Yes! I would like to skip-a-payment on my loan for the following month(s).

Loan Type	Monthly Payment	Month to Skip (select no more than 2)		
		Jan.	Feb.	March
Example: Car Loan	\$545	X	X	

Deduct Processing fee from my: Savings Account Checking Account
 Check enclosed from another financial institution

Member Agreement

MEMBER AGREEMENT: A \$30 fee applies to each skip-a-payment per loan. Two skip-a-payments allowed per loan in a 12-month period. Your account must be in good standing with no negative balances & all loans must be paid as agreed with a minimum of 12 consecutive on-time payments in order to qualify. Interest will continue to accrue during the deferral period, extending the original term & increasing the finance charges. I understand that a payment will be added to the loan at the time of maturity extending the life of the loan by the number of months skipped. Finance charges will continue to accrue on a daily basis at the APR set forth in the loan agreement at loan disbursement. **Offer excludes real estate loans, student loans, overdraft protection loans & Visa credit cards. Co-signers on any loan must also sign the skip-a-payment request. Offer valid from 1/1/2019 through 3/31/2019.**

By signing below, I acknowledge that I have read and understand the member agreement. I understand that I will be contacted if the Credit Union cannot honor my request.

Signature _____ **Print Name** _____ **Date**

Co-Signer _____ **Print Name** _____ **Date**

For Internal Use Only

Date Received: _____ Received By: _____ Date Implemented: _____