

SKIP PAY REQUEST

I WOULD LIKE TO SKIP MY FAMILY FIRST CREDIT UNION LOAN PAYMENT(S).

I understand that I will be charged a processing fee of \$35 per loan skipped. This fee will be deducted from your share account upon approval of your skipped payment. **If the \$35 fee per loan is not available to withdraw from your account your request to skip a payment will be denied.**

Please Note: Members must complete a form for each Loan ID number.

- Loans with monthly payments are allowed to skip no more than 2 payments per year, 6 over the life of the loan.
- Loans with bi-weekly payments are allowed to skip no more than 4 payments per year, 12 over the life of the loan.
- Loans with weekly payments are allowed to skip no more than 8 payments per year, 24 over the life of the loan.

| Account # | Loan ID # | Loan Payment Amount | Due Dates to Skip | Payrolls Dates to Skip (if applicable) |
|-----------|-----------|---------------------|-------------------|--|
| | | \$ | | |

I/WE authorize FFCU to postpone my/our **June** payment on the above specified loan. **I/WE understand that the interest will continue to accrue on my/our loan and that the term of the loan will be extended by one month.** At the end of the skip pay period, the regular scheduled payment amount will resume. **A skipped payment may reduce any claim amount paid on a loan with a credit, disability, or involuntary unemployment debt protection coverage, or a claim for a vehicle/boat/RV with GAP protection.**

All loans must be current open for at least 30 days and be in good standing to be eligible for this offer. Holiday Loans, Business Loans, Mortgage Loans, Home Equity Loans, Visa Loans, Lines of Credit, Emergency Loans, Quick Cash Loans, FSRP loans and loans that are currently in bankruptcy, are delinquent or have Collateral Protection Insurance (CPI) are not eligible for this offer. A loan modification or loan with interest only payments may not be eligible for this offer.

Telephone Number: _____

Primary Member Signature Date

Joint/Co-Signer Signature (if necessary) Date

Please return to:
Family First Credit Union
Attn: Loan Department
1011 N. Michigan Avenue
Saginaw, MI 48602

Credit Union Use Only

| | |
|-----------------------------------|------------------------------------|
| Approved by: _____ Date: _____ | Processed by: _____ Date: _____ |
|-----------------------------------|------------------------------------|