



# CONDITIONS:

1. The member's credit union account must be in good standing with the **\$5 minimum share balance** in their savings account.
2. All loans must be current to participate.
3. Loans newer than three (3) months cannot be skipped.
4. Each loan can only be skipped one (1) month during this special offer.
5. Members must pay the \$30 *per loan* processing fee when the form is turned in for the loan to be skipped.

Account Number: \_\_\_\_\_

Borrower's Name: \_\_\_\_\_

Co-Borrower's Name: \_\_\_\_\_

**I. Skip-A-Month: (CHECK ONE ONLY)**

**NOTE: Request form and processing fee(s) must be *received* by the credit union no later than the loan's due date.**

- \_\_\_ **September 2017**
- \_\_\_ **October 2017**
- \_\_\_ **November 2017**
- \_\_\_ **December 2017**
- \_\_\_ **January 2018**

**II. Loan Trailer(s) for Skip-A-Month:**

EXAMPLE: Loan Trailer(s) #21, 22, 23, 24 (Check your Statement, Call 24, or Online Banking for your specific trailer #'s)

1. Loan Trailer#: _____	2. Loan Trailer#: _____
3. Loan Trailer#: _____	4. Loan Trailer#: _____

**III. Administrative Processing Fee:**

Deduct from Trailer #: \_\_\_\_\_ Check Enclosed: \_\_\_\_\_

Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, you authorize St. Joseph's Hospital Federal Credit Union to advance your due date by one month and understand that this will extend the maturity date of your loan. A \$30.00 processing fee is charged for each loan you choose. Interest will accrue on the unpaid balance during the month you skip your payment, and when payments resume, the unpaid interest will be collected first. SJHFCU reserves the right to refuse any skip-a-payment request. If denied, you will be notified by mail. Other restrictions may apply; refer to the account and loan disclosures and agreements.