

Skip-A-Payment Request Form

Name of Borrower:		6
		-
	Loan Suffix #:	
Requested Month(s) Skipped:	<u> </u>	
Address:		
	State: Zip:	TE,
	Cell:	DE
E-Mail:		47
METHOD OF PAYMENT How would you like to pay the Skip-A-Pay fee? □ Check attached for \$25 per month skipped or □ Please transfer \$25 per month skipped from this Eagle LA FCU account # & suffix #:	Skip-A-Pay Terms and Conditions: By participating in Eagle LA Federal Credit Union's Skip-A-Pay* purion defer your loan payment(s) as indicated. You agree and understand that: 1) Members must make least 6 months (6 months starts on first due date); 2) All co-borrowers/co-signers of the loan must agree If we are unable to stop your ACH payment in time, your skipped payment may be delayed until the ne continue to accrue at the rate provided in your original loan agreement, during and after this time;5) Def higher total FINANCE CHARGES than if you made your payment as originally scheduled; 6) The payr and you will have to make extra payment(s) after your loan(s) would otherwise be paid off; 7) You will month; 8) You are allowed one Skip-A-Pay per calendar year for a period of two months with a maximum fee to skip each monthly payment on each loan 10) Skip-A-Pay form must be received five days prior to the credit union. Certain restrictions may apply. Skip-A-Pay Agreement: I/we, hereby request Eagle LA Federal Credit Union to allow me/us to skip the on the dates I/we have indicated. I/we understand that if this request is granted, interest will continue to ment will require me/us to make additional payments in order to pay off the loan. Signature(s) Required:	n payment is program, yo ke their regu to the Skip- ext schedule ferring your ment deferra be required um of three to loan due e payment(s) o accrue on
For Credit Union Use Only:	Borrower X:	
Received by: Date:	Co-Borrower/Co-SignerX:	Da
Processed by: Date: Minimum 6 payments made (on original loan) Loan is current Fee received Contact added on system	On this Skip-A-Pay application form, we have included the following statement: "The undersigned I hereby makes application to extend the original repayment terms of the loan(s) referenced here by on the original terms and conditions of the loan contract as previously disclosed to the borrower(s). Interest the loan at the agreed rate." (All parties who originally signed loan application must also sign the Skipapproval. * Excludes all VISA_PAL_or Real Estate loans.	ne month. The est will conti



FCU, P.O. Box 64630, Baton Rouge, LA

ou request that Eagle LA Federal Credit ularly scheduled on time payments for at o-A-Pay program and sign the request; 3) ed payment;4) FINANCE CHARGES will payment will result in your having to pay al will extend the terms of your loan(s)** to resume your payments the following per loan term. 9) There is a \$25 service date. 11) Must be in good standing with

on the loan account(s) listed here, due the balance, and that skipping this pay-

Borrower X:	Date:
Co-Borrower/Co-SignerX: _	Date:

nd co-borrower/co-signer (if applicable) his extension in no way otherwise alters inue to accrue on the unpaid balance of ication.) ALL applications are subject to

^{**} If you elected GAP, Debt cancellation, and/or MBC the coverage will not be extended beyond the original maturity date.