

Request to skip a loan payment

If you wish to skip a loan payment, please complete this request form and return it to us to authorize the delayed loan payment. A fee of \$25 per loan will be charged when you send us the request form.

Please deduct the \$25 fee from my	y: □ Share Savi — Date		OR □ Share Draft (Ch	
Comments:				
□ Other			((see restrictions below)
For my: 🗖 Auto Loan No	☐ Personal Lo	an No	🗖 Holiday/Summe	r Loan No
I/we would like to skip a payment	for (month): _		and (yea	ar):
Name	Mer	mber No	Daytime Phor	ne
PLEASE PRII	NT OR TYPE YOU	R INFORMATION	ON BELOW, THEN SIGN.	

By signing this form, I/we authorize Five Star Federal Credit Union (FSFCU) to advance the date of my payment one month for the loan account(s) listed above. I/we understand that by taking advantage of this option will extend the current balance of the affected loan by the amount of the payment skipped, and that interest will accrue on the deferred balance of the loan throughout the deferred payment period.

Certain restrictions may apply. Loans not eligible include: Visa® credit card, mortgage, home equity loan, home equity line of credit, stretch pay, loans less than six months old, and loans with skipped payments within the last twelve months. A delinquent loan on your account will disqualify all loans from this offer. For members who have Guaranteed Asset Protection (GAP), Skip-A-Payment can only be used twice during the term of the loan. SAFCU reserves the right to decline any request.

Return this form to either credit union office, fax it to: 667-234-3584, or mail it to: Five Star Federal Credit Union, Attention: Loan Officer, 900 Caton Avenue, Mail Box #008, Baltimore, MD 21229.