



MEMBERS FIRST CREDIT UNION

Skip-A-Pay Form

By signing below, I (we) hereby request that you extend my loan by allowing me (us) to postpone my payment on the loan indicated below. I (We) understand and agree that postponing a payment will not adversely effect the payment record of my account, that interest will continue to be calculated on the total outstanding balance, and that by postponing a payment I (we) will be extending the loan beyond its original maturity date. Skipped payments cannot be consecutive months, and can only be done once a calendar year.

Member Name

Co-Maker/Cosigner Name

Address

Daytime Phone #

City, State, Zip

Account #

Skip my payment (s) for: _____
Due Date

Loan ID #	Payment Amount	Current Due Date
_____	_____	_____

Please withdraw the \$25.00 postponement fee from: Account# _____ Checking Savings

Member Signature

Date

Co-Maker/Cosigner's Signature (required)

Date

Please submit your completed Skip-A-Pay form in person, by fax to (989)837-1506 or mail to MFCU, PO Box 2165, Midland MI 48641-2165.

To postpone your payment, this form must be received at the credit union office at least five (5) business days prior to your loan payment due date. The fee is non-refundable.

All loans must be current to qualify for a Skip-A-Pay. A Skip-A-Pay will not be granted if you have caused the credit union a loss or have any charged off loans that were not redeemed. First Mortgages, Second mortgages, Home Equity Line of Credit Loans, Overdraft Line of Credit Loans, Balloon Loans, Whatever Loans, Business Loans and VISA cannot be postponed. Loans with active CPI insurance added or loans being paid by disability insurance, a Skip-A-Pay will not be granted. The credit union reserves the right to disapprove any request for postponement with proper notification and disclosure. Some restrictions may apply.

Internal Use Only

Rec'd ___/___/___ Processed By _____ Fee _____

Advance Due Date _____ Advanced Payment Method _____