



SKIP PAYMENT REQUEST FORM

Each skipped loan will incur a \$32 fee. Please fill out this form and **submit by the 10th of the month** in order to skip the up-coming month's payment. Mail this form back to: Family First Credit Union, 3604 Atlanta Ave., Hapeville, GA 30354. You may also fax this form to (404)768-5496 or drop it off at either of our convenient branches.

MEMBER NAME: _____ **MEMBER #:** _____ **CONTACT #:** _____

PLEASE TAKE THE \$32 (PER LOAN) FROM THE FOLLOWING ACCOUNT: _____ **OR:** ☐ PAYMENT ENCLOSED

☐ CHECKING ☐ SAVINGS ☐ MONEY MARKET **ACCOUNT #:** _____ **OR:** ☐ APPLY TO LOAN

LOAN #: _____ ☐ JANUARY ☐ FEBRUARY ☐ MARCH ☐ APRIL ☐ MAY ☐ JUNE
AMOUNT: _____ ☐ JULY ☐ AUGUST ☐ SEPTEMBER ☐ OCTOBER ☐ NOVEMBER ☐ DECEMBER
PLEASE SELECT 1 MONTH ONLY

IF THIS IS A BI-WEEKLY PAYMENT, PLEASE SPECIFY THOSE DATES: _____

LOAN #: _____ ☐ JANUARY ☐ FEBRUARY ☐ MARCH ☐ APRIL ☐ MAY ☐ JUNE
AMOUNT: _____ ☐ JULY ☐ AUGUST ☐ SEPTEMBER ☐ OCTOBER ☐ NOVEMBER ☐ DECEMBER
PLEASE SELECT 1 MONTH ONLY

IF THIS IS A BI-WEEKLY PAYMENT, PLEASE SPECIFY THOSE DATES: _____

LOAN #: _____ ☐ JANUARY ☐ FEBRUARY ☐ MARCH ☐ APRIL ☐ MAY ☐ JUNE
AMOUNT: _____ ☐ JULY ☐ AUGUST ☐ SEPTEMBER ☐ OCTOBER ☐ NOVEMBER ☐ DECEMBER
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LOAN #: _____ ☐ JANUARY ☐ FEBRUARY ☐ MARCH ☐ APRIL ☐ MAY ☐ JUNE
AMOUNT: _____ ☐ JULY ☐ AUGUST ☐ SEPTEMBER ☐ OCTOBER ☐ NOVEMBER ☐ DECEMBER
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LOAN #: _____ ☐ JANUARY ☐ FEBRUARY ☐ MARCH ☐ APRIL ☐ MAY ☐ JUNE
AMOUNT: _____ ☐ JULY ☐ AUGUST ☐ SEPTEMBER ☐ OCTOBER ☐ NOVEMBER ☐ DECEMBER
PLEASE SELECT 1 MONTH ONLY

IF THIS IS A BI-WEEKLY PAYMENT, PLEASE SPECIFY THOSE DATES: _____

BORROWER'S SIGNATURE: _____ **DATE:** _____

JOINT/CO BORROWER'S SIGNATURE: _____

Your account must be in good standing. The Skip Payment Request may not be used for the initial payment on any loan. Skipping a loan payment gives Family First Credit Union the power to extend your final loan payment. Finance charges will continue to accrue on any unpaid balances. The Credit Union has the right to decide whether any previous actions may disqualify your account. If your Skip Payment Request Form is granted, you will be charged a \$32.00 processing fee per loan. A granted Skip Payment Request allows the member to skip one (1) month's regular payment on that specified loan. The regular payment schedule will resume the following month after the selected skip month. Limit, one Skip Payment Request per loan per 6 months, provided your accounts with Family First Credit Union are in good standing and no payment suspensions have been granted within 6 months. Real Estate and Visa loans excluded.

CREDIT UNION USE ONLY **APPROVED BY:** _____ **DATE:** _____