



Skip-A-Payment Request Form

I would like to skip a loan payment in the following month:
(choose only one month)

- January February March April
- May June July August
- September October November December

Select type of loan(s) to Skip-A-Payment (\$35 Fee Per Loan Skipped):

- Second Mortgage / HELOC Auto Loan
- Personal Loan

Indicate Loan Number(s) separated with commas (example: 1, 61, 4):

Full Name

Daytime Phone

Account Number

Transfer Skip-A-Loan Fee From:

- Savings Checking Check Enclosed

Is The Loan Payment Automatically Deducted Through Payroll Allotment?

- Yes No

*All fields are required to be completed in this form in order for us to properly process your request. All requests to skip a payment must be approved by the loan department. By completing this form you agree to amend the terms of your original loan agreement and to repay the entire unpaid balance and accrued interest. You also agree and understand that this Form Agreement may increase or extend the maturity date for your loan by as much as sixty (60) days. First Mortgage loans and VISA® Credit Cards are not eligible for this program. To be eligible for this special offer, all Credit Union accounts must be in good standing. Skip-A-Payment form must be received 10 days prior to automatic payment deductions, and no later than the 15th of any month. Loan payments may be skipped one time in any 12 month period. Loan(s) must be open for a minimum of 12 months. Not to be combined with any other offers.

Print, complete, sign the form and return this form to USPS FCU, 7905 Malcolm Road, Suite 311, Clinton, MD 20735-1730 or Fax to (301) 856-4061.

Borrowers' Signature: _____

Co-Borrowers' Signature (if applicable): _____

Date of Request: _____

[Print Form](#)

CREDIT UNION USE ONLY:

Balance of Loan: _____ Next Due Date: _____

Date: _____ Frequency of Payments: Monthly Semi-Monthly Bi-Weekly

By: _____ Credit Union Approval Date: _____