GNO FEDERAL CREDIT UNION

Skip –A – Pay Coupon

$40.00 per loan skipped semi-annually

Member Name: _____

Member Account Number: _____

Loan Number (s): _____

Month to be skipped: **Jan** **Feb** **Mar** **Apr** **May**

June **July** **Aug** **Sep** **Oct** **Nov** **Dec**

TERMS AND CONDITIONS:

By participating in GNO FCU's Skip-A-Pay program, you request that GNO FCU defer your loan payment(s) as indicated. You agree and understand that:

- Loans must have originated 6 months prior to be eligible
- Loans must be paid through the 6th month to be eligible
- All co-signers of the loan must agree to the terms of the Skip-A-Pay and sign the request form
- FINANCE CHARGES will continue to accrue at the rate of your original loan agreement
- Deferring your payment will extend the term(s) of your loan(s) AND increase the finance charge
- You will be required to resume your monthly payments the following month. If you elected Gap or Extended Warranty coverage, the coverage will not be extended beyond the original maturity date.

All Skip-A-Pay requests are subject to GNO FCU approval. Your loan(s) must be current for at least 90 days to accept this offer. Requests to skip a payment must be received at least 5 days prior to loan due date. Each loan is allowed a maximum of 2 skipped payments each year. There must be 6 months between each skipped payment. The processing fee is $40.00 per loan skipped on a semi-annual basis. Excludes: Real Estate Loans, Tuition Loans, Lines of Credit (LOC) and Credit Cards

Method of Payment: ☐ Transfer from Account #

Checking or Savings (Circle one)

☐ Payment Enclosed (Make checks payable to GNO FCU)

PLEASE NOTE: The $40 semi-annual fee is for one loan skipped, NOT per payment skipped. For example, loans that are paid monthly will be able to skip 1 payment; loans due twice a month will be able to skip 2 payments within the same month; loans due weekly will be able to skip 4 payments for a total of one full monthly loan payment.

By signing below, I understand the method I have selected to process the Skip-A-Pay coupon will be deducted from the account I have indicated above. I further understand and agree to the Skip-A-Pay Terms and Conditions listed above.

Borrower's Signature: Date:

Co-Borrower's Signature: Date:

For Credit Union Use Only:
ECM Recurring Payment Adjustment made. If none, indicate "No"

_____ _____ _____

Yes/No *Initials* *Date* *9/17*

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