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Skip-A-Pay Authorization Form

Please take the \$30.00 fee from:

Share Savings Account Number: _____ Checking Account Number: _____

(Fee will be deducted from the Tri County Area FCU account specified above.)

Member Name: _____

Loan Payment Due Date: _____ Loan Account Number: _____

Co-borrower Name: _____

*Member Signature: _____ Date: _____

Phone Number: _____

*Co-borrower Signature: _____ Date: _____

(*Minimum of one signature required to process request)

We will accept this form in person, by mail or fax it to 610-326-7197.



1550 Medical Drive, Pottstown, PA 19464
110 Pottstown Ave., Pennsburg, PA 18073

www.tcafcu.org | 610-326-3705



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*I understand that there is a processing fee of \$30.00 per loan for this request. Sufficient funds must be available in order to process the skip-a-pay request. By signing, I am agreeing to the following terms and conditions: 1) I give TCAFCU permission to advance the due date of the above loan by one month; 2) that the finance charges will continue to accrue during the month that my payment is skipped, and 3) that this may result in a longer term than is stated on my original documentation regarding the loan. All other terms and conditions of the original loan agreement will continue to apply and my regularly scheduled payment agreement will resume after the requested payment is skipped. Skipped payments may not be covered if a claim is submitted on a GAP policy or debt protection claim. This offer can be withdrawn at any time and other restrictions may apply. Not all members will qualify. We will allow members to skip a month's loan payment (or payments equaling a month such as weekly, biweekly, etc.) at any time as long as they are current on all loans and credit cards with us. Skip-a-pay may be done for any consumer fixed loan (signature loans, auto loans, share secured and CD secured). Skipped payments are allowed one time per year up to 3 times during the life of the loan. Loan must be at least 12 months old. Skipped payments will not be allowed on any loan that has been modified to assist a hardship or as a first payment on any loan. For loan payments which are deducted from another financial institution, TCAFCU must receive this form no less than three days prior to the loan due date.

For Internal Use Only

Loan Specialist taking request _____ Date _____ Authorized by _____ Date _____