TRI-VALLEY SERVICE FCU Skip-A-Pay Form

Address	Chata Zin Cada
City	State Zip Code
I want to partici	ipate in Skip-A-Pay!
Program Details: By signing up for th payments.) If you u processing fee is du you are skipping my an original balance any obligation you FCU reserves the ri When you skip a pa date will then be ex skipped. If your loa would. Then, the a account in the mon (NOTE: If you skip)	the Skip-A-Pay program, you can skip one month (or a one month "equivalent," which is 2 bi-weekly wish to participate, there is a modest processing fee of \$35.00 per loan per month skipped. The \$35.00 use at the time your request is made. If the fee is not paid on the date you make your request, the payment must be paid. For compliance reasons, Home Equity and VISA are not eligible. To qualify, a loan must have seen of greater than \$30,000.00, be at least 3 months old, and in good standing, you cannot be delinquent on a lowe to TVS FCU, and you cannot be overdrawn on any share savings/checking account with TVS FCU. TVS ight to decline any request. The sayment, interest will continue to accumulate on your loan during the month you skip. Your loan maturity extended by one month (or a one month "equivalent.") for each monthly or monthly equivalent payment an is paid via payroll deduction or other automatic deductions, the deductions will occur as they normally amount of the deduction(s) normally applied to your loan will be deposited into your share or share draft on the you are skipping. If a full payment is transferred from savings/checking, the payment will not be made. payments on a loan whereby you elected GAP coverage, the coverage will not be extended beyond the
original maturity d	
Member Number	r: I would like to skip the following payment:
☐ Yes, Skip Loan	n No.: Payment: \$
I will:	
_ _	Directly pay TVS FCU the \$35.00 fee in cash (Due at time of request) Authorize a transfer from my (check <u>one</u>) □ share savings □ share draft (checking) account
IMPORTANT: If	f your loan is in joint names, this form <u>must</u> be signed by <u>both</u> borrowers.
Signature: X	Joint Account Holder: X
Member Phone N	Number: Date Signed:
will continue to acc restrictions detailed prior to the due da	rou authorize TVS FCU to extend your final loan payment by one month or a one month equivalent. Interest cumulate on your loan during the month skipped. Only loans meeting the qualifying standards and eligibility d above are eligible. TVS FCU must receive this document at our office location at least 10 business days te of the payment being skipped. Payments on eligible loans may have some limitation restrictions.
For Credit Union U	lse Only
Officer Signature _	Date