

P.O. Box 25947 Alexandria, VA 22313-9809 202.366.9400 | 800.368.8432 transfcu.org

SKIP-A-PAYMENT FORM

Member Name		Date		
Co-Borrower Name				
Account Number				XII
I hereby request Transportation Federa	Credit Union (TFCU	J) to skip my loan pa	yment(s)	
for the Month of:	20			
Elect to Skip Paymen	t	Payn	nent Amount (\$)	
I elect to skip my L-		\$		
I elect to skip my L-		\$		
I elect to skip my L-		\$		
Please deduct the total Skip-A-Pay Fe	e of \$	from my S		account.
IOTICE TO MEMBER BORROWER				
A-Pay program. Please note that only Per Mortgage loans, Second Trust and Hom Recreational vehicle loans are not eligible months of the loan agreement. Each mea a total of five (5) payment skips/ extension Please understand that interest will concould result in additional payments requires will be collected first, and the remain request does not change your legal oblined and the control of the payments, and that the month indicated. All borrowers and correturn to one of our branches.	e Equity loans, Visa (ole. The Skip-A-Pay pember is only allower ions over the life of the tinue to accrue on your load ining monies will be accredit union is merely	Credit Cards, Overdrander or appeared one (1) payment strict loan. Our outstanding load an in full. When payment applied toward print your loan agreement your loan agreement with the payment of the pa	aft Protection credit I ply to loans during th kip / extension per ca n balance(s), and that nents resume, unpaid nciple. You acknowled nt with the credit uni-	lines, and ne first (6) alendar year and t this action d interest and dge that this ion requires yment for the
Member Signature		Date		
Co-Borrower Signature			Date	