

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			AX FV
I hereby request Transportation Federa	al Credit Union (TFCU) to skip my lo	an payment(s)	
for the Month of:			
Elect to Skip Payme	nt	Payment 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 F	ee of \$ from m	y S	account.
You must be a member in good standing A-Pay program. Please note that only Please note ligit months of the loan agreement. Each material a total of five (5) payment skips/extens Please understand that interest will concould result in additional payments recover.	Personal loans, VISA Credit Cards, arond Trust and Home Equity loans, Coble. The Skip-A-Pay program does rember is only allowed one (1) paynations over the life of the loan.	nd New and Used vehicle Overdraft Protection credit not apply to loans during the ment skip / extension per of ang loan balance(s), and the	loans are eligible t lines, and the first (6) calendar year and at this action
fees will be collected first, and the remarequest does not change your legal objected are monthly payments, and that the month indicated. All borrowers and correturn to one of our branches. Member Signature	ligation to TFCU, that your loan agree credit union is merely informally	eement with the credit ur permitting you to defer p	nion requires ayment for the
member signature		Dute	
Co-Borrower Signature		Date	