

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			XH
I hereby request Transportation Federa	al Credit Union (TFCU) to skip my Ioai	n 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-	\$		
re not eligible. The Skip-A-Pay progran ach member is only allowed one (1) pa	ayment skip / extension per calendar		
kips/ extensions over the life of the loa	in.		
Please understand that interest will contould result in additional payments reques will be collected first, and the remain equest does not change your legal oblined and monthly payments, and that the month indicated. All borrowers and coeturn to one of our branches.	uired to pay your loan in full. When paining monies will be applied toward igation to TFCU, that your loan agree e credit union is merely informally pe	ayments resume, unpaid principle. You acknowled ment with the credit unic rmitting you to defer pay	interest and ge that this on requires ment for the
Member Signature		Date	
Co-Borrower Signature		Date	