



SKIP A PAYMENT REQUEST FORM

Return: 323 E Pike Street
Clarksburg, WV 26301
Fax: 304-622-3407

Please review and complete this form to submit your request to Skip-A-Payment*

Member Name: _____

Loan #: _____

Phone #: _____

Skip-A-Pay: 1 Monthly Payment

1 Bi-Weekly Payment

2 Bi-Weekly Payments

Withdraw fee from my: Monthly Payment \$30.00 / Each Bi-Weekly Payment \$15.00

Savings

Checking

Payment Enclosed

Normal Payments are made by:

Cash/Check/Online Banking

Distribution/Transfer

Different Financial Institution

***Skip-A-Pay Terms and Conditions:**

By signing this form, you agree to allow CAPE FCU to withdraw the applicable fees associated with skipping your loan(s) from the account you designate above. You understand that interest will continue to accrue, and the extended payment(s) will cause your loan to extend beyond its expected maturity date. If recent data shows you have been delinquent on any account(s), the Credit Union reserves the right to deny your application to Skip A Payment. If your request is denied, the Credit Union will contact you. To skip a loan payment, you and the co-signer (if applicable) must complete and return this form with payment information prior to when your loan is scheduled for payment. Loans that may not be eligible and may not qualify for the Skip A Payment Program for example: Real Estate (speak to CAPE FCU Member Service Representative) and Credit Card.

I/WE HAVE READ THE ABOVE TERMS AND CONDITIONS:

Member Signature: _____ Date: _____

Joint or Co-Signer Signature: _____ Date: _____

Office Use Only

Approved: _____

Denied: _____

Date Received: _____

New Due Date: _____

Payment: _____

