



# 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 (Attach receipt to form)**

Date Received: \_\_\_\_\_ Payment: \_\_\_\_\_  
 Approved: \_\_\_\_\_ New Due Date: \_\_\_\_\_  
 Denied: \_\_\_\_\_ Update Transfer or Distribution: \_\_\_\_\_

