

**HEMINGFORD COMMUNITY FCU  
HOLIDAY SKIP-A-PAYMENT**

By signing this Agreement for Hemingford Community Federal Credit Union, I am requesting that my monthly loan payment for the month of November, December, OR January, be deferred. Mortgage Loans are not eligible for Skip A Payments. I understand that my monthly loan payment may be deferred only if:

- It is not the first monthly payment due on my loan
- I have not requested my monthly payment for the prior month be deferred
- There is no substantial change in my income or credit standing
- I am in good standing with all loans and accounts at the Credit Union

I understand that an approved skip-a-payment will extend the term of my loan and interest will still accrue during the skip-a-payment month. I further understand that this request does not change my legal obligation to the Credit Union, and that the terms of the Loanliner Agreement still remain in full force and effect. My loan agreement with Hemingford Community Federal Credit Union provides for regular monthly payments, and the Credit Union is informally permitting me to defer the payment for the month of November, December, OR January only. **I also understand that my automatic payment will not be stopped, but will be directed to my savings or checking account for the month skipped.**

*HCFCU reserves the right to deny any Skip-A-Pay application. Ineligible accounts or loans will be notified of request denied in writing.*

**A processing fee of \$25.00 shall accompany each request.**

Member \_\_\_\_\_ Account# \_\_\_\_\_

Loan# \_\_\_\_\_ Loan Payment Amount \$ \_\_\_\_\_

Month to Skip: November \_\_\_\_\_ December \_\_\_\_\_ January \_\_\_\_\_

\_\_\_\_\_ Borrower \_\_\_\_\_ Date

\*\*\*\*\*

**FOR OFFICE USE ONLY**

PAYMENT DATES TO SKIP: \_\_\_\_\_

PAYROLL BATCH \_\_\_\_\_

PAYMENT NEXT DUE \_\_\_\_\_

Loan Maintenance Done By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By CC: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_