

FORM MUST BE RETURNED TO CREDIT UNION BY JUNE 30, 2017
SUMMER SKIP-YOUR-LOAN-PAYMENT PROGRAM

Name: (please print) _____ Account #: _____

I would like to skip my July **or** August (only one month) loan payment on the following loan(s):

All Loans: _____ or Loan Number: _____

For monthly pays, one month's payment will be skipped and for bi-weekly payments, two bi-weekly payments will be skipped. Only members whose loans are current and have NO history of delinquency in the last 12 months may participate. I understand that interest will continue to accrue at the contracted rate until the next scheduled payment is made. By skipping this payment my loan maturity date will be extended to reflect the skipped payment. I also agree to the "Skip" fee of \$40.00 PER loan. (Loans excluded from skip a pay: HELOC's, 2nd Mortgages and Real Estate Mortgages.)

Signature _____ Date _____

Daytime Phone _____

Skip Fee \$40.00 per loan included: Check or Money order made out to MyHCFCU or

I authorize MyHCFCU to withdraw "Skip" fee from my credit union account _____(initials).