



Skip-A-Payment Program
For loans with monthly payments \$100.00 or more: \$25.00 fee
For loans with monthly payments less than \$100.00: \$10.00 fee

Name: _____

Account Number: _____ Employer: _____

Payment Method: Cash From Account _____ Credit Card From Another Institution

FROM ANOTHER INSTITUTION ONLY:

Routing Number	_____
Account Number	_____

CREDIT CARD ONLY:

Card Number: _____	
Expiration Date (MM/YY): _____	CVV: _____

Today is _____ and your transaction will be processed on or after _____. If you have any questions concerning this transaction, please call Commodore Perry FCU at 419-898-3366.

Do you, _____, authorize Commodore Perry FCU to issue a one time debit to your account ending in _____ for the amount of \$_____?

List the loans you would like to skip. Loans must be paid current to be eligible for the Skip-A-Payment Program. You may only choose one month to skip your loan payment(s). Mortgages, Home Equity Lines of Credit, and Visa Credit Cards are not eligible for this program. Loans that have been modified through the Financial Bridge Program are ineligible for Skip-A-Payment.

Loan Number	Month Being Skipped	Skip Amount (Please Check One)
		<input type="checkbox"/> \$10.00 <input type="checkbox"/> \$25.00
		<input type="checkbox"/> \$10.00 <input type="checkbox"/> \$25.00
		<input type="checkbox"/> \$10.00 <input type="checkbox"/> \$25.00
		<input type="checkbox"/> \$10.00 <input type="checkbox"/> \$25.00
Total Amount Due:		

By signing below, you authorize Commodore Perry Federal Credit Union to extend your final loan payment by one month. You agree to pay the processing fee applicable to your loan before the Skip-A-Payment date you have selected. Payments made by payroll deduction or direct deposit will be deposited into your account the month you are skipping. You understand that interest will continue to accrue on your loan during the month skipped and will be due and payable from the first payment after the skipped month. Skip-A-Payment only applies to future payments and cannot reverse payments that have already been applied to your loan.

Signed _____ Date _____

Joint Signature _____ Date _____

----- FOR OFFICE USE ONLY -----

MSR _____

Entered by: _____

Date: _____

ACH/AFT checked by: _____