

Lower Valley Credit Union



Skip-A-Pay Application

I would like to Skip-A-Payment

Name: _____

Member #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member Signature: _____ Date: _____

Joint Signature: _____ Date: _____
(if applicable)

*To qualify for LVCU's Skip-A-Payment program, applicable loan must have at least 6 months of regular payments and be current at time of request for 'Skip-A-Payment'. Only one (1) 'Skip-A-Payment' is available per applicable loan during the months of May 1st through July 31st. A second 'Skip-A-Payment' will be available November 1st through January 31st for the applicable loans. Only two (2) 'Skip-A-Payments' will be allowed per applicable loan during any 12 month period span. By signing above, you authorize LVCU to extend your loan payment for the applicable loan by one payment period and you further agree to be assessed a \$25 processing fee that will automatically be deducted from your share savings account. Please note: interest on your loan will continue to accrue throughout the payment period that the 'Skip-A-Payment' program is utilized within. If you elected GAP or Warranty Coverage, the coverage will not be extended beyond the original maturity date. Offer not available for any real estate, business, credit card, or open-ended loan of any kind.

To be completed by LVCU official:

Loan ID: _____

Original Payment Date: _____

Updated Payment Date: _____

Loan Officer Signature: _____

