



SKIP A PAYMENT AGREEMENT

By signing and filling out this form I am authorizing AFCU to skip a month worth of payments on my loan(s). I am aware that a \$20.00 fee will be charged per loan request. If it is 5 days or less until my payment is due a fee of \$30.00 will be charged. I also acknowledge that I will not be able to request another skip a payment on my account whether or not I choose one or all of my loans to be skipped for at least 6 months.

Date ____/____/____ Month skipped_____

Name _____

Address _____

City_____ State_____ Zip code_____

Phone #_____ Alternate #_____

Member # _____ Loan # _____

Debit \$20.00/ \$30.00 fee from:

____Savings ____Checking ____ Enclosed Payment

Signature _____

Co/borrower_____

*Subject to Approval. Loans excluded from this offer are Credit Card, Real Estate, loans that are less than 6 months old and accounts that are not in good standing. Interest will accrue on all loans affected by this program which may cause the maturity date on each loan to be extended.