

HOLIDAY SKIP-A-PAYMENT FORM

Borrower's name (Please Print)

Daytime Phone Number (Please Print)

Email Address (Please Print)

Please circle the month that you would like to skip:

December

January

Loan Account Number

Suffix

Payment Amount

Please select payment* method:

Enclosed is a check for \$30 per loan skipped

Please transfer \$30 per loan skipped from my
Savings 000____ Checking 030____

Borrowers Signature

Date

Co-Borrowers Signature

Date

*This is a non-refundable fee

REQUIREMENTS : Loan must have at least 4 months of payment history and all accounts must be current to qualify. Real Estate, Visa and Revolving loans are excluded. By signing above you authorize RVCU to extend your final loan payment by one month. You understand by deferring a payment the interest will continue to accumulate on your loan during the skipped month, which will increase the total cost of borrowing. All other terms and provisions of the original loan agreement are unchanged and remain in full force and effect. This agreement must be signed by all borrowers and co-borrowers. Limit 6 deferrals per loan. Restrictions Apply.

Credit Union Use Only

____ Requirements Verified Teller ID ____

____ Fee ____ AFT