

## **Richmond Virginia** Fire Police Credit Union

900 Hermitage Road Richmond, Virginia 23220

Phone 804.354.0673 804.303.7138 Fire Branch Fax 804.780.1009 Police Branch Website www.firepolicecu.org

## **Skip-a-Payment Application & Amendment**

(Complete one form for each loan to be skipped)				
Member:		Joint Borrower:		
Account #:	Type: Auto P	ersonal $\Box$ Other	Loan #:	
Requested Month Skipped:				
Paying \$30 Fee by:				
Phone#:	Email:			
Mortgages/Home Equities; (NOT in good standing.  • The Skip-A-Pay program is	abject to credit union ap (2) Credit Cards/Lines-o subject to change or be	proval and is not available f-Credit; and (3) loan cuterminated at any time.	acknowledge the following: ble for the following loan types: (1) arrently delinquent or share account  The Fee is due at the time of	

- submission.
- To be considered, you must have made at least twelve (12) consecutive monthly payments since origination.
- Once you have deferred a payment, you must then make twelve consecutive monthly payments before additional Skip-A-Pay requests will be considered.
- The credit union must receive the request at least one week prior to the loan due date.
- The maximum number of skips is one (1) per year of the loan term after the first year. (Ex. 5-year term can have a maximum of 4 skips).
- Loans with terms greater that 84 months will not be considered for Skip-A-Payment.
- You acknowledge that deferring a payment may impact the amount of Credit Life, Credit Disability or GAP claims settlement amounts.
- You hereby request RVAFPCU to advance your due date by one (1) month for the loan indicated. You acknowledge that this will extend the maturity date of the loan, and that interest will continue to accrue on the unpaid balance during the deferred payment month. You further acknowledge that this request does not change your legal obligation to the credit union; that your loan agreement with the credit union is merely permitting you to defer payment for the month indicated.

Member's Signature:	Date:
Joint Borrower's Signature:	Date:
FOR INTERNAL USE ONLY: Application Processed by: (Staff Name)Approved / Denied (circle one) Denial Reason:	Date: