

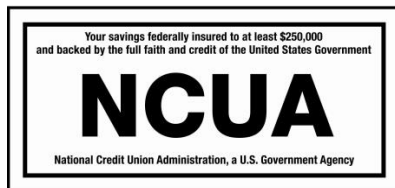


# Health Care Family *Credit Union*

2114 S. Big Bend Blvd  
Richmond Heights, MO 63117  
(314) 645-5851

4599 Executive Centre Pkwy  
St. Peters, MO 63376  
(636) 449-3305

www.HCFCU4U.org



Federally Insured by NCUA

## Skip-A-Payment Form

Name \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone # ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Please apply this offer to:

Month: \_\_\_\_\_

- All of my loans (exclude mortgages, home equities, credit cards and loans that are past due)  
Only the following loan(s)
  - Auto\_\_\_\_\_  Auto\_\_\_\_\_  Personal  Line of Credit  Rec Vehicle  Other

Please pay the processing fee per loan skipped:

- With my enclosed payment(s)-Make checks payable to Health Care Family Credit Union
- By transferring the fee(s) from my checking account # \_\_\_\_\_ or my savings account # \_\_\_\_\_.

This program is available to members in good standing with loans that have had less than two other loan deferments in the past twelve months and have made at least one payment. It is not available on loans with an original balance of less than \$600, home equity products, credit cards or first mortgages. There is a fee of \$25 or 10% of the total payment amounts skipped, whichever is greater, not to exceed \$50, per loan. Normal finance charges will continue to accrue during the Skip-A-Payment period and will be payable with the next payment. This Skip-A-Payment offer will result in the loan term being extended for the length of the deferment. If you have purchased GAP Insurance with your auto loan, it is your responsibility to review the terms of the coverage, and how this Skip-A-Payment offer may affect the benefit of the purchased coverage.

Primary Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

### CREDIT UNION USE ONLY:

Date completed: \_\_\_\_\_ Fee Amt: \_\_\_\_\_ Dates skipped: \_\_\_\_\_ EMPL: \_\_\_\_\_