



Holiday Skip-A-Payment Request

Name(s): _____ Account #: _____ Loan # _____ # _____ # _____

Address: _____ City: _____ Phone #: _____ - _____

Email: _____ Cell: _____ - _____

If your loan payment is made by cash or UCFCU automatic transfer, the term of your loan will be extended by skipping the appropriate payment.

I wish to skip my loan payment(s) for: (choose one month only)

November 2019

December 2019

January 2020

\$35.00 Processing Fee PER LOAN request:

Cash or Check enclosed

Debit My UCFCU Account # _____

ALL ELIGIBLE LOANS WILL BE PROCESSED. All areas of this request must be completed and delivered to United Catholics FCU before your loan payment is due. All Skip-a-Payment requests must be in 10 days prior to payment due date. Requests will be processed within five (5) business days from the time they are received. **This offer applies to all eligible loans that have been opened for at least (6) months.** *This offer does not apply to loans secured by Real Estate Loans, Share Secured and Visa, a Loan that is paid ahead by 60 days or more, delinquent loans or if a loan extension was granted within the last twelve months.* A notice will be mailed within 10 days on any denied Skip-A-Payment requests.

Terms and Conditions

I understand that the terms and conditions of my loan agreement will apply except that there will not be a regular monthly payment required during the month selected as my Skip-a-Payment. This month will be determined by the date this form is returned to United Catholics Federal Credit Union. My regular monthly payment will resume after the Skip-a-Payment month. I understand that finance charges will continue to accrue during the deferral period, that deferral of my regular monthly payments will result in my having to pay higher total finance charges and that my loan repayment will be extended. I also understand that United Catholics Federal Credit Union reserves the right to terminate this offer if my financial status changes after approval, but prior to the actual Skip-a-Payment month requested by me.

I agree to the terms and conditions above

Signature: _____ Date: _____

Co-maker's Signature: _____ Date: _____



Mail or return to: **Attn: Loan Department, 160 E College Street, Covina, CA 91723**
Fax: (626) 974-4473 or email to: ucfcu@unitedcatholicscfu.org

For office use only: Date Received : _____ Input date: _____ Payment skipped: _____ Changed by: _____