



515 Milford-Warren Glen Road  
Milford, NJ 08848  
Toll Free: (800) 635-6829

## SKIP PAYMENT REQUEST AND AUTHORIZATION

AGREEMENT DATE:

ACCOUNT NUMBER:

AGREEMENT NUMBER:

### BORROWER 1 (Name and Address)

### BORROWER 2 (Name and Address)

### BORROWER 3 (Name and Address)

### BORROWER 4 (Name and Address)

### SKIP PAYMENT TERMS

Skip period:

Your payments will resume on

If this box is checked, You agree to pay a one-time Skip Payment Fee (finance charge) of \$ \_\_\_\_\_ . The fee will be charged to Your:

Checking account:

Line of Credit/Credit Card Account number:

You must be a member in good standing to be eligible to skip Your payment.

### ACKNOWLEDGMENT AND AUTHORIZATION

By signing, or otherwise authenticating, You agree to resume payments on the date indicated above if Your request to skip Your payment is approved. If Your request is not approved, You agree to make Your payment as scheduled. You understand that the terms of the Line of Credit Agreement and Disclosure, Open-End Credit Agreement and Disclosure, Open-End Credit and Security Agreements and Disclosure, or Consumer Credit Card Agreement and Disclosure governing Your Account will continue to apply during the skip period. You also understand that finance charges will continue to accrue during the skip period in accordance with Your Agreement. If Your request to skip Your payment is approved, You will not be charged a late payment fee during the skip period.

Borrower 1 Signature

Date

**X**

(Seal)

Date

(Seal)

Borrower 3 Signature

Date

**X**

(Seal)

Date

(Seal)

### FOR CREDIT UNION USE ONLY

DATE

APPROVED

DENIED

LOAN OFFICER COMMENTS

CREDIT UNION SIGNATURES

Signatures

Date

**X**

Signatures

Date

**X**