



206 West Lewis and Clark Parkway, Clarksville, IN 47129  
812-945-4600 | www.onevisionfcu.org

### Skip Payment Form

I would like to skip my loan payment for the month of:

- |                                   |                                |                                    |                                   |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> April | <input type="checkbox"/> July      | <input type="checkbox"/> October  |
| <input type="checkbox"/> February | <input type="checkbox"/> May   | <input type="checkbox"/> August    | <input type="checkbox"/> November |
| <input type="checkbox"/> March    | <input type="checkbox"/> June  | <input type="checkbox"/> September | <input type="checkbox"/> December |

For the following loan:

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

Loan Suffix: \_\_\_\_\_

Loan Description: \_\_\_\_\_

**I am requesting to skip my loan payment for the month indicated above. I understand a \$30 skip payment fee applies and will be added to the balance of my loan.**

**Interest will continue to accrue on your loan. Deferment of this payment will extend the life of your loan and may cause an increase in the final payment amount. Deferred loan payment is not available on mortgage products or VISA Credit Cards.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Skip payment requests must be submitted no later than 5 days before the payment due date in the month you are requesting to skip.***