

**C:\LeRoy Federal Credit Union
7093 West Main Road
LeRoy, NY 14482
Ph. (585) 768-7207
Fax (585) 768-2478**

Skip A Pay Program

Completed form and fee must be received by LFCU at least 5 days before the loan payment is due. If you wish to skip a payment on more than one loan, please complete one form for each loan. You may write one check for the total. Form must be signed by all borrowers on the loan.

Borrower: _____ Co-Borrower or Guarantor: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Loan # _____ Loan Type: _____

Due date of payment that you are asking to skip: _____

The fee for LFCU Skip A Pay is \$25.00

_____ My check payable to LeRoy Federal Credit Union is enclosed

_____ Please transfer the fee from my LFCU Account # _____

By signing and returning this form to LeRoy Federal Credit Union with my \$25.00 fee, I acknowledge that I am applying to skip one payment on the loan listed above. I understand that interest will continue to accrue on the outstanding balance of my loan during this time. I also understand that the terms of my loan may be impacted by the Finance Charge and that the loan maturity date will be extended by one month. A member is limited to 3 (three) loan extensions during the life of the loan. The loan must have at least 3 (three) scheduled payments made on it prior to granting each loan extension. Also, loan must be in current status. If I do not qualify for the program, I understand that my regularly scheduled payment will be due as usual.

Borrower's Signature: _____ Date: _____

Co-Borrower/Guarantor's Signature: _____ Date: _____

LFCU Approval: _____ Date: _____

Loan Officer or Manager