



# Skip-A-Pay

Skate past your loan payment(s)

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Indicate the (one) month you wish to skip:**

- ☐ November
- ☐ December
- ☐ January

**Which of your loans do you want to skip?**

The follow are **NOT** eligible for the skip-a-pay program: Visa Credit Cards, Payday Loans and Courtesy pay

\_\_\_\_\_

**Choose your payment method for the skip-a-pay fee:**

The skip-a-pay fee is \$35 for each loan.

- ☐ Deduct the fee from my Savings # \_\_\_\_\_
- ☐ Deduct the fee from my Checking # \_\_\_\_\_
- ☐ I have enclosed a check

**By signing below, I authorize GP Louisiana Federal Credit Union to extend my final loan payment(s). Interest will continue to accumulate on my loan(s) during the month skipped resulting in additional interest and increasing the total payments on my loan. I understand that I will be required to make up the skipped payment and additional accrued interest.**

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

Joint signature (if required): \_\_\_\_\_ Date: \_\_\_\_\_