

CHRISTMAS CASH

GET MORE THIS HOLIDAY WITH SKIP-A-PAY

You can skip your **November** loan payment for a low fee of \$25.00 per loan.

Fill out this form and return **with fee payment** to First Family FCU.

Final date for approval is November 30, 2020.

IF YOUR PAYMENT IS MADE AUTOMATICALLY FROM YOUR FFCU ACCOUNT OR ANOTHER FINANCIAL INSTITUTION, PLEASE SUBMIT AT LEAST 5 BUSINESS DAYS BEFORE YOUR NOVEMBER PAYMENT IS DUE.

MEMBER # _____ NAME _____
PLEASE PRINT

PHONE # _____ EMAIL _____

I request a one-month extension on my loan(s). I understand this request is subject to review based on account eligibility and account in good standing. This request is not guaranteed nor is it a forgiveness of interest and interest will continue to accrue at the rate disclosed on the original loan. In consideration of the extension, I am submitting payment or requesting First Family FCU to withdraw the \$25 fee(s) from my Checking or Saving Account (**First Family FCU accounts only**). This agreement will not change or vary the terms of my repayment obligation on the referenced account(s) except as provided herein. I acknowledge that skipped payment(s) may not be covered by GAP or other insurance products.

X _____ X _____
BORROWER SIGNATURE CO-BORROWER SIGNATURE

Credit cards, mortgages, single pay loans, or any loan that is delinquent (30 days past due) are not eligible for an extension. Members cannot use Skip-a-Pay for their first payment of a new loan.

Please Indicate Your Preference:

EXTEND **ALL** MY LOANS EXTEND **ONLY** LOAN # _____ (\$25.00 fee per loan.)

FIRST FAMILY STAFF USE ONLY			
LOAN PAYMENT METHOD (CHECK ONE)			
<input type="checkbox"/> CASH/CHECK	<input type="checkbox"/> PAYROLL DEDUCTION (ACLP-ECMPYMT)	<input type="checkbox"/> AUTOMATIC TRANSFER (TDLP)	
TAKEN BY: _____	TELLER INITIAL: _____	DATE: _____	AMOUNT PAID: _____
PAID BY (CASH, CK OR SHARES): _____		PROCESSED BY: _____	
LOAN # SKIPPED: _____			
NEW DUE DATE: _____			