

SKIP-A-PAYMENT REQUEST

By signing below I/we agree to the terms and conditions of the Skip-A-Pay Promotion being offered by Port City FCU. I/we understand that there is a \$ 25.00 fee for each payment skipped and that the skipped payment will extend the term of the loan and interest will continue to accrue.

NAME _____

ACCOUNT NUMBER _____

LOAN NUMBER _____ PAYMENT _____

Note: You may only choose one month per loan.

LOAN NUMBER _____ PAYMENT _____

MONTH TO SKIP ☐ NOVEMBER 2018
☐ DECEMBER 2018
☐ JANUARY 2019

LOAN NUMBER _____ PAYMENT _____

MONTH TO SKIP ☐ NOVEMBER 2018
☐ DECEMBER 2018
☐ JANUARY 2019

Enclosed is a check for \$ 25.00 per loan skipped
Please transfer \$ 25.00 per loan skipped from my

☐ Savings ☐ Checking

MONTH TO SKIP ☐ NOVEMBER 2018
☐ DECEMBER 2018
☐ JANUARY 2019

SIGNATURE _____

DATE _____

CO-BORROWER SIGNATURE (IF APPLICABLE) _____ DATE _____