

Skip a Payment

Request Form

Qualified members may skip two month's payment on any consumer loan EXCEPT Home Equity products on a rolling year basis and cannot be in consecutive months.

- There is a \$35 fee per loan.
- Simply complete this request form and return to us at least seven (7) days before the due date of the payment you wish to skip.

Mailing Address: PO Box 2227, Salem OR 97308

Fax/Email to: 503.485.4420 creditunion@OurGroveCU.com

- ➤ Loans with payment modifications in the last 12 months are NOT eligible.
- > This offer is NOT valid for members with past due accounts or for new loans acquired within the last 6 months.
- ACH payments through other financial institutions will NOT be drafted.
- > You will need to stop your online bill payment for the month you skip. Once a loan payment is made, it cannot be reversed.
- > Your loan term will be extended by one month.
- Finance charges will continue to accrue on the unpaid loan balance.
- > Skip a Payment may affect Guaranteed Auto Protection (GAP) and other products/services you have purchased for your loan. Review your product/service contracts carefully before applying for Skip Payment.
- > myCUmortgage serviced First Mortgage loans, Home Equity loans and Home Equity Line of Credit loans are not eligible for Skip a Payment.
- Eligibility is based on a rolling year after previous use.

Please list the month that is right for you:		
Fees will be paid by: Savings withdrawal Checking withdrawal	☐ Check	☐ Add to Loan
Member Name:		
Joint/Co-Signer Name:		
Member # Loan # (list all you would li	ke to skip)	
Member Signature:	Date:	
Joint Signature:	Date:	
I/we authorize Heritage Grove Federal Credit Union to extend my/our loan payments as requested. I/We und loan payments I/we must make. All other terms and conditions remain the same.	lerstand this adjustment	will increase the number of

All individuals who signed on the original loan agreement, including co-applicants AND guarantors, must sign this authorization. All Skip a Payment requests are subject to credit union approval.





CU Use Only

FM _____ Date ____ ACH/GP____

Reviewed By _____

Approval (if required) _____