USE CREDIT UNION

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Tomball, TX 77375 Houston, TX 77042
713-595-3400
www.usecreditunion.com

Skip-A-Payment Enrollment Form

Member Information	
Member Name	Co-Borrower Name
Account Number	Daytime Phone Number
Loan Information	
Loan ID(s) Loan #_____ / Loan #_____ / Loan #_____	Payment Amount(s) $ _____.___ / $ _____.___ / $ _____.___
Skip my payment(s) due on August _____ / August _____ / August _____	How did you learn about our Skip-A-Pay Program?
Payments are currently made by: ❑ Cash / Check ❑ Automatic Payment from Savings / Checking ❑ Payroll Deduction ❑ Transfer from another Financial Institution* Transfer Date:_____ *We must have the exact date of transfer* *If USECU originates the payment from another financial institution directly to your loan, it will be skipped. If USECU originates the payment from another institution to your *deposit account*, the transfer will be processed; however, the loan payment will be skipped.	A $25 fee per skipped loan will be assessed to process this request. Please deduct the fee(s) from my: ❑ USECU Savings ❑ USECU Checking If insufficient funds are in the designated account to pay the Skip-A-Payment fee(s), this request will not be honored.

Requirements

All accounts with the credit union must be current and in good standing.
You must have made 6 consecutive monthly payments.
Maximum of 2 Skip-A-Payments per loan per rolling calendar year.
Completed and signed Skip-A-Payment Enrollment Form must be received 10 days before the scheduled payment due date you wish to skip.
Form must be received at least 10 days prior to due date.
Offer expires July 31st, 2022

I/We understand that this application is subject to approval and interest will continue to accrue during the Skip A Payment period. Line of Credit, Single Payment, Member Assurance Loans & Credit Cards are not eligible. This will extend the original loan term and increase the total amount of finance charges on the loan. If I/We have GAP Insurance or Credit Insurance on this loan, additional payments or interest accrued as a result of the Skip-A-Payment, may not be covered in the event of a claim. Payments that have already been made will not be refunded.

By signing this form, I authorize USECU to skip my payment on the loan(s) listed above.

Member Signature: _____

Co-Borrower Signature: _____

All applicants on the loan are required to sign this form.

For Office Use Only	
Originated by:	
Approved:	Denied:
ACH Off:	ACH On:

Rev:06HCHЛ22

RETURN FORM VIA EMAIL TO: SkipAPay@usecreditunion.com or fax to: 713.595.3304