



SKIP A PAY FORM

Please complete ENTIRE form and return to:

NSP Credit Union

825 Rice St

St Paul MN 55117

Fax: 651-229-5544

Email: office@mynspcu.org

For Office Use Only:

Due Date: \_\_\_\_\_

Next Due Date: \_\_\_\_\_

Loan Pymt Method: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Name(s): (please print): \_\_\_\_\_

Member Number: \_\_\_\_\_ Loan Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Loan Description: \_\_\_\_\_ (example: year/make model of vehicle)

Loan Payment Method: \_\_\_\_\_ (Example: Auto transfer, ACH, Cash)

Which month would you like to skip?: (CHECK Only One)

( ) November

( ) December

( ) January

Terms:

A \$35.00 fee will be added on to your loan account or debited from your share/draft account. If you make your loan payments via Automatic Transfer or ACH, that payment will be transferred into your Share Account. Your application must be received by the credit union 3 days prior to your DUE DATE on the month you have selected, if not the request may be rejected. Loans that are an exception to our policy are NOT eligible for Skip A Pay.

The loan that you are choosing to skip MUST have the equivalent of 6 monthly payments applied to it to be eligible.

Fee Payment: Add to Loan ( ) Deduct Fee from Share Account ( ) Deduct Fee from Checking ( )

By participating in the NSPCU Skip-A-Payment promotion, I/We agree to the following: The loan payment I/We have designated on this form will be deferred by one month. I/We understand that in order to be eligible to participate in the NSPCU Skip-A-Payment program the loan must be current and in good standing with NSPCU. I/We understand that interest will continue to accrue on the outstanding balance until the loan paid in full. I/We will continue to make payments after the original maturity date until all principal and interest is paid in full and that I/We pledge to make the scheduled payment on the due date following the month I/We have elected to skip. I/We also understand that any Credit Life and/or Credit Disability insurance on my/our loan will continue to be assessed until the new maturity date of the loan. This offer does not apply to Home Equity Lines of Credit, Fine Lines or VISA Credit Cards.

Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about Skip A Pay?  Office  Website  Social Media  US Mail  Email