



SKIP A PAY FORM

Please complete and return to:

NSP St. Paul Credit Union

825 Rice Street

Saint Paul, MN 55117

F: 651-229-5544

E: office@mynspcu.org

Name *(please print)* _____

Member Number _____ Daytime Phone Number _____

Loan Number _____ Loan Description _____

Loan Payment Method _____ (ex: Autopay, Payment Book, or ACH Origination)

Which month would you like to skip? **(Check one only)**

November

December

January

Terms:

A \$35.00 fee will be added on to your loan account or debited from your share 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 prior to your payment due date on the month that you have elected. Loans must have had at least one monthly payment made in order to be eligible. Loans that are an exception to our policy are not eligible for Skip A Pay.

Fee Payment: Add to Loan []

Deduct Fee from Share Account []

Deduct Fee from Checking Account []

By participating in the NSPCU Skip-a-Payment promotion, I/we agree to the following: The loan payment I/we have designated on this certificate will be deferred by one month. I/we understand that in order to be eligible to participate in the NSPCU Skip-a-Payment program my loan must be current and in good standing with NSPCU. I/we understand that interest will continue to accrue on the outstanding balance of my/our loan until it is paid in full. I/we continue to be responsible for the entire outstanding principal and interest of my/our loan until it is 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 our next regular payment will be due on the scheduled payment 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 Mortgages, Home Equity, Home Equity Lines of Credit, Fine Lines and VISA Credit Cards.

Borrower's Signature _____

Date _____

Co-Borrower's Signature _____

Date _____

*****If joint account, all borrowers must sign*****