

Approved

Skip-A-Pay
Request and Authorization

If you would like to skip a payment, simply print and complete this authorization by choosing below which account(s) you would like to skip. There is a fee per loan skipped, please refer to our fee schedule. Requests to skip a payment must be received at least fifteen (15) days prior to the loan due date. Each loan is allowed a maximum of two skipped payments each year; with a maximum of six skipped payments over the term of the loan.

Member Name:						
Member Number:						
Loan Number:						
Cell Phone Number:						
*Skip-A-Pay Fee: Please see RFC	CU Membe	ership I	Fee Sch	nedule	for fe	e.
Which month would you like to skip? <i>Circle one</i> :	Jan July	Feb Aug	Mar Sept	Apr Oct	May Nov	June Dec
Method of Payment:	30.7	7.00	ОСРС	000		200
Transfer from Account #						
☐ Checking						
☐ Savings						
Payment Enclosed (Please make checks p	•	_	-			
PLEASE NOTE: The fee is for each loan skipped — n monthly will be able to skip 1 payment; loans due tw				-		at are paid
By participating in Rutgers FCU's Skip-A-Payment program, you reconderstand that: 1) Loans must have originated 60 days prior to be your original loan agreement, during and after this time; 3) Deferring than if you made your payment as originally scheduled; 4) The payment your payments the following month. If you elected GAP or maturity date; 6) For payroll deducted loan payments that skiphyaliable for you to withdraw. All deferrals are subject to Rutgers as Subject to change without notice.	eligible; 2) FINAN g your payment w ment deferral will r Warranty Covera a-pay, your loan	CE CHARGE ill result in y extend the age, the covery payment w	S will conting to the conting to the continuity of your continuity of your continuity of the continuit	nue to accro o pay highe our loan(s); not be exte sited into	ue at the ra er total FINA 5) You will l ended beyor your CU ac	te provided in NCE CHARGES be required to nd the original count and be
Borrower's Signature:		Date: _				-
Co-Borrower's Signature:		Date: _				-
Hurry! Send in your signe	d Request ar	nd Autho	rization	to:		
Rutgers FCU, Attn: Skip-A-Pay, 8	5 Davidson R	oad, Pisc	ataway,	NJ 0885	4.	
Fax: 732-445-0387 or	E-Mail: loans	@rutger:	sfcu.org			
Inte	rnal Use Only					

Denied

RFCU Staff Initials: