pioneerwv Federal Credit Union

SKIP A PAY
REQUEST FORM

Name: _____   My Account #: _____

Valid Phone Number(s) (required):   _____   _____   _____
(home)   (cell)   (work)

Email Address:_____ (for contact)

Please Skip:

Loan ID:_____

Payment Date(s): _____ _____

Payment Amount: $_____

Payment Method: (Circle)
- **Cash/Check**
- **ACH Direct Deposit**
- **Payroll Deduction**
- **Auto Transfer**

Please skip this payment for the month of: **JUNE - OR - JULY** (Circle One)

Please withdraw $29 for the payment skipped from my: (Circle One)   Savings   Checking

$29 FEE IS DUE AT TIME OF PROCESSING OR FORM WILL NOT BE PROCESSED

Forms need to be received by Pioneer no later than 2 weeks prior to your next due date to allow for processing time. If form has not been received in this time frame an additional $10 fee will be applied.

Drop the form off at one of our locations	**Fax** this form to (304) 347-7473
Scan and email this form to contactus@pioneerwv.org	**Mail** to Pioneer WV FCU, 1316 Kanawha Blvd. E. Charleston, WV 25301 **Attn: SKIP A PAY**

It is mutually agreed that in consideration of the $29.00, non-refundable, per loan fee, my monthly loan payment will be deferred as stated above and extended to the end of the original term of this loan. I understand that finance charges will continue to accrue and all other terms and provisions of the original loan agreement are unchanged and remain in full force and effect. I understand this program is subject to approval and member must be in good standing. Member in good standing is defined by the credit union. **I also understand this will not stop any ACH transfer I have set up with Pioneer WV FCU (or other institution) for the purpose of making my loan payment(s) at Pioneer WV FCU. The transfer will still take place from my other institution and the funds will be deposited into my account at Pioneer WV FCU**. Offer does not apply to mortgage or VISA® products. **I understand that $10 will be added to the fee if funds are not available at time of processing the request, I have to be contacted by the credit union for further information or a loan adjustment has to be made after my due date has passed.** By participating in the Skip-A-Pay program, I may have a balance owed in connection with a GAP insurance claim due to the extension of the contract maturity date.

X _____   X _____
  Signature   Date

X _____   X _____
  Signature   Date

ALL BORROWERS MUST SIGN
INFORMATION MUST BE FULLY FILLED OUT AND ACCURATE PRIOR TO PROCESSING