Skip-A-Payment Request Form





Date Processed:

Due Date Before: _____

Due Date After:

| Print Name: | _ | | |
|--|--|--|---|
| Account #: | _ | | |
| What loan(s) are you requesting to skip? (auto, personal, etc.) | Loan #: | | |
| 1) | | · · · · · · · · · · · · · · · · · · · | |
| 2) | | | |
| 3) | | | |
| List all payment dates for the month. | | | |
| November 2024 | | | |
| Payment Date(s): | | | |
| How do you wish to pay the \$25.00 processing fee (per loan | 1)? (choose one) | | |
| Deduct from my Homebase CU Share Savings Account # | | _ | |
| Deduct from my Homebase CU Checking Account # | | - | |
| I have included a check for \$25.00 (per loan) made payable to Homel | base Federal Credit Ur | nion | |
| be used for your first loan payment. A fee of \$25.00 PER SKIPPED LOAN a weekly, bi-weekly or semi-monthly payments established, this promotion a authorization and Skip-A-Payment processing fee prior to your regularly so the same, but skipping a payment may extend the term of your loan. Finar during the skipped payment period (November 1 through November 30, 20 conditions will apply after said skipped payment period. Contact a loan office Important note about skipping auto loan payments: If you purchased GAP or review your policy to ensure the permissibility of skipping payments. In some Authorization | applies to the entire macheduled payment dunce charges will continued payment to agree for full details, quaccoverage through an a | onth of payments. We must re ue date. Your loan payment ar nue to accrue on all new and ements with the Credit Union, alifications and restrictions. | ceive your signed mount will remain existing balances and all terms and edit union), please |
| I hereby request for Homebase Federal Credit Union to authorize me to scharges will continue to accrue on all new and existing balances during the pursuant to my agreements with the Credit Union, and that all terms and continue to accrue on the credit Union, and that all terms and continue to my agreements with the Credit Union, and that all terms and continue to the credit Union, and that all terms and continue to the credit Union is accruent. | e skipped payment per | riod (November 1 through No | vember 30, 2024) |
| Print Name: | | | |
| Signature: | Date: | | |
| Print Joint Applicant Name (if applicable): | | | |
| Signature: | Date: | | |
| Return completed form to any branch location, fax, or mail to: | | | |
| Homebase Federal Credit Union ATTN: Loan Department | | Internal Use Payment Type: | |

Prince George, VA 23875 FAX: (804) 458-1182

4495 Crossings Boulevard

Contact Homebase Federal Credit Union for details: (804) 452-0736 $\,$