



Skip-A-Payment Authorization

The Skip-A-Payment option is subject to Loan Officer approval.

Mortgage Loans, Credit Cards and Lines of Credit are not eligible.

Member Name: _____

Phone: _____

(We will need to be able to reach you at this number to verify your information.)

Account Number: _____ **Loan Number:** _____

I (we) would like to accept Enrichment Federal Credit Union's offer to skip a payment for the month of _____ 20__.

I am aware that my payment of \$_____ will resume on _____ 20__.
I am aware that by skipping a payment, I will be extending the maturity of my loan and interest will continue to accrue. I am also aware the \$35 fee must be paid upfront and cannot be included in the loan. Skip Payments are limited to one per 12 month period.

My signature indicates that I have read and agree to the above statements.

Member Signature: _____ **Date:** _____

Joint Applicant/Comaker: _____ **Date:** _____

Joint Applicant/Comaker: _____ **Date:** _____

Witness: _____ **Date:** _____

Please fax form to 865-482-7371, or mail to PO Box 883, Oak Ridge, TN 37831-0883

Entered by: _____ Date: _____

Approved by: _____ Date: _____