



# Skip A Payment Application

Member Name \_\_\_\_\_ Member # \_\_\_\_\_

Loan Type \_\_\_\_\_ Loan # \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Which month would you like to skip? Circle One:

Jan Feb Mar Apr May June

July Aug Sep Oct Nov Dec

Method of payment:

Deduct the **\$30.00 processing fee** from my

Savings Account  Checking Account

Payment Attached (Make checks payable to IRFCU)

Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

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By signing above, you authorize IRFCU to process your requested skip a payment.

I understand that interest will continue to accrue during the month that the payment\* is skipped and that the final maturity date of the loan will be extended. If you elected GAP insurance, Mechanical Repair Coverage, Credit Disability or Credit Life Insurance on the selected loan that coverage may not be extended beyond the original maturity date.

Each qualifying loan is limited to 2 skip-a-payments per calendar year. Payments cannot be skipped in 2 consecutive months. You can skip more than one eligible loan.

The following loans do not qualify: Open End loans, Mortgages, Delinquent loans, and accounts not in good standing.

NOTE: Skip Pays will not be processed without all borrowers' signatures, if the amount of the fee is not available in your account or submitted, or if your account is not in good standing.

\_\_\_\_\_ Borrower's Initials \_\_\_\_\_ Co-Borrower's Initials

I have read and am fully aware of the above disclosures.

**Drop off at the branch, fax to: 504-581-6017, email to: [irfcu@bellsouth.net](mailto:irfcu@bellsouth.net) or mail to:  
IRFCU ● 1555 Poydras Street, Suite 250 ● New Orleans, La 70112**

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## CREDIT UNION USE ONLY

Date of loan's last skip pay \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Processed by \_\_\_\_\_