Skip A Payment Application

IRFCU — Your Credit Union. Our Commitment Since 1937.

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)

_____

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 Signature   _____ Date _____

Co-Borrower Signature _____ Date _____

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

_____

CREDIT UNION USE ONLY

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