Skip-A-Payment Request Form

Skip-a-Payment with Sabattus Regional Credit Union is now available year-round for loans meeting eligibility requirements.

Eligibility Requirements:

- All loans must be current, and your Credit Union account(s) must be in good standing.
- Loan must be at least three months old *and* at least three full payments have been made.
- $30.00 Skip-a-Payment fee must be paid prior to processing request.
- 12 full months must have passed since your last Skip-a-Payment.
- Mortgage, Home Equity, Personal Lines of Credit and Overdraft Protection loans are excluded from this offer.
- Other restrictions may apply.

How to Request:

- Email us at loans@srcu4u.com to request a Skip-A-Payment. There's no need to send a completed form, a loan officer will assist you.
- SRCU Online – select the menu on the top left ☰, select Skip a Payment and follow prompts.
- Drop off or mail your completed form to: Sabattus Regional Credit Union
  2 Middle Rd/PO Box 250
  Sabattus, ME 04280

Skip a Payment Authorization

Please indicate the loan number(s) or loan type(s) and month you wish to skip.

_____ _____

_____ _____

Note: If you do not have your loan number and/or if you are emailing this form, please indicate loan type or collateral instead of your loan number.

Payments on this loan are made by:

☐ Cash, Check, SRCU Online, or iTalk
☐ Automatic Payments or ACH originated through SRCU/SRCU Online.
☐ ACH set up with another financial institution – it is the borrower's responsibility to contact their financial institution to temporarily stop any scheduled transfer.

Skip-a-Payment Fee:

☐ $30.00 check is enclosed.
☐ Withdraw $30.00 fee from account number _____ ☐ Checking ☐ Savings

By signing below, I acknowledge and understand that finance charges will continue to accrue daily on the loans listed above during and after the deferred period. I understand that my maturity date will be extended by doing this Skip a Payment. Life and Disability Insurance premiums will be charged as contracted, and coverage will cease as determined by the original Insurance Schedule. I understand that if I have GAP Coverage on the loan, I am limited to two skip payments for the life of the loan, however if I choose to exceed these limits, I am aware and acknowledge that GAP Coverage may be reduced or voided by any additional skip payments, extensions, or modifications.

_____ _____

Borrower Signature Date
Printed Name_____

Co-Borrower Signature Date
Printed Name_____

Loan Officer Approval:_____ Date:_____