



Summer Skip-A-Pay 2017

Member Name: _____

Account Number: _____

Loan Number: _____

Florida Hospital Credit Union is happy to offer our Summer Skip-A-Pay Program! By completing this form, you are requesting to skip **one loan payment**.

Please complete, sign and return to FHCU via Email: fh.credit.union@flhosp.org, Fax: (407) 303- 0918, or drop off at any FHCU branch location. Your request must be submitted **at least 3 business days before your next loan payment**.

Note: Real Estate Loans, Credit Cards, 12-12-12, Wild Fire, workout loans, bankruptcy reaffirmations, and new loans with less than 3 months' payment history are excluded from this offer. Offer expires August 31, 2017. Maximum Skip-A-Pays allowed per loan is 4 skips for the entire life of the loan(s). One Skip-A-Pay form request per loan. To qualify for this program, the following conditions apply:

Terms and Conditions:

By opting for Skip-A-Pay, you request that FHCU defer your loan payment as indicated below. You agree and understand that:

1. Finance charges will continue to accrue at the rate provided in your original loan agreement, during and after the deferral period; this will result in greater total finance charges than if you made your payment as originally scheduled.
2. All loans must be in good standing (cannot be more than 10 days past due).
3. Each skipped payment will extend your loan maturity by one month. If you have GAP coverage, you are responsible for the missing payments in the event of a loan deficiency.
4. Extension of loan term does not extend expiration dates of life, disability, debt protection, gap, or other insurance contracts.
5. The \$35.00 service fee applies to each loan payment that you are requesting to skip for the indicated single month.
6. If your payment is made through Payroll Deduction, we will credit your payment to your FHCU Share Savings Account; you agree that you will resume making scheduled payments due during the month following the month skipped, and will make all scheduled payments thereafter.
7. Your account must have a savings balance of at least \$5.00.
8. Unless you enclose payment, the \$35 Service Fee will be deducted from your share savings account or your checking account, at our option. If there are insufficient funds to cover the fee, the payment in question MAY NOT be skipped and will be considered late if the payment is not made on the normal due date.
9. Other restrictions apply.

I would like to skip my payment in:

June

July

August

(Only available for the month selected, multiple months cannot be skipped)

Please deduct my \$35 Skip-A-Pay Fee from: Savings Checking Payment Enclosed

X _____

Borrower's Signature

Date: _____

By Signing above, you agree to the Term and Conditions of FHCU's Summer Skip-A-Pay Program.

Contact Phone Number: _____

(Required)