

## Skip-A-Pay Request

Print Name:					
Day Phone #:		Email:			
I want to skip my loan payme	nt(s) for the month of	: 			
I want to skip loan #(s):					
Please deduct my fee fro	m my LFCU:	Checking	Savings		
Check enclosed					
Skip-A-Pay Program Terms & Conditions Lökahi Federal Credit Union (LFCU - formerly Hickam Federal Credit Union (LFCU - formerly Hickam Federal Credit Union (LFCU - formerly Hickam Federal County), including other loans with us, must be Applications received after the cutoff date will not be copayments will resume the month following the skipped months are ineligible for this program.	ay Program: Real Estate Secured Loans, current and in good standing. Please sonsidered. Interest will continue to accr	Credit Cards, Lines of Credit, Education ubmit all requests no later than ten (* ue during the skipped period, resulting	Loans, and ECO Personal Loans (Solar a 10) days before your scheduled paymer g in increased total finance charges over	and/or Photovoltaic Systems). All of your nt date for the month you wish to skip. If the life of the loan. Your regular loan	
All signers and guarantors of the original Loan Agreeme needed. I understand that my loan repayment term w refundable Skip-A-Pay processing fee of \$30 for each loa	ill be extended, and that my credit life.	/disability insurance and GAP coverage	e may not extend beyond my original n	FCU to extend my final loan payment as naturity date. I agree to pay the non-	
Borrower's Signature	Date	Borrower's Signa	ture	Date	
Borrower's Printed Name		Borrower's Printe	Borrower's Printed Name		
For Credit Union Use Only					
Received By: Date:	Processed By:	Date:	Reviewed By:	Date:	

