

# Skip-A-Payment Application

A review fee of \$15.00 is required to process this request.

Fee Enclosed? **Yes**    **No**, Please Take Fee From Suffix: \_\_\_\_\_



P.O. Box 5872    Lincoln, NE 68505  
(402) 466-4040

The undersigned hereby makes written request to FLFCU to extend the original payment of my loan by permitting the next regular payment due to be extended one month after the termination date of the existing loan contract. This extension in no way otherwise alters the terms and conditions of the original loan contract as previously disclosed to the borrower. **Interest at the agreed rate will continue to accrue on the unpaid balance of the loan.**

Acct No. \_\_\_\_\_ Loan No. \_\_\_\_\_

Pmt. Amount \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Pmt. Date Skipped: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

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

Signature (If Cosigner) \_\_\_\_\_ Date \_\_\_\_\_

**All Borrowers/Guarantors who signed the original agreement must sign this form. All Line of Credit and Mortgage Loans are not eligible for this offer. Loan must be in effect for a minimum of twelve months prior to applying for a skip payment.**

**This form must be received by the Loan Department at least 10 days prior to payment due date**

<b>Office Use:</b>	Fee Processed: Cash By: _____ Suffix _____	CASH PMT <input type="checkbox"/>	PRD <input type="checkbox"/>	AOCH <input type="checkbox"/>	TRCH <input type="checkbox"/>	PMT Processed By: _____	Confirmation: ____/____/____ Mail ____ Phone ____ In Person ____	By: _____
		Set To Restart ____/____/____						

# Skip-A-Payment Application

A review fee of \$15.00 is required to process this request.

Fee Enclosed? **Yes**    **No**, Please Take Fee From Suffix: \_\_\_\_\_



P.O. Box 5872    Lincoln, NE 68505  
(402) 466-4040

The undersigned hereby makes written request to FLFCU to extend the original payment of my loan by permitting the next regular payment due to be extended one month after the termination date of the existing loan contract. This extension in no way otherwise alters the terms and conditions of the original loan contract as previously disclosed to the borrower. **Interest at the agreed rate will continue to accrue on the unpaid balance of the loan.**

Acct No. \_\_\_\_\_ Loan No. \_\_\_\_\_

Pmt. Amount \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Pmt. Date Skipped: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

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

Signature (If Cosigner) \_\_\_\_\_ Date \_\_\_\_\_

**All Borrowers/Guarantors who signed the original agreement must sign this form. All Line of Credit and Mortgage Loans are not eligible for this offer. Loan must be in effect for a minimum of twelve months prior to applying for a skip payment.**

**This form must be received by the Loan Department at least 10 days prior to payment due date**

<b>Office Use:</b>	Fee Processed: Cash By: _____ Suffix _____	CASH PMT <input type="checkbox"/>	PRD <input type="checkbox"/>	AOCH <input type="checkbox"/>	TRCH <input type="checkbox"/>	PMT Processed By: _____	Confirmation: ____/____/____ Mail ____ Phone ____ In Person ____	By: _____
		Set To Restart ____/____/____						

# Skip-A-Payment Application

A review fee of \$15.00 is required to process this request.

Fee Enclosed? **Yes**    **No**, Please Take Fee From Suffix: \_\_\_\_\_



P.O. Box 5872    Lincoln, NE 68505  
(402) 466-4040

The undersigned hereby makes written request to FLFCU to extend the original payment of my loan by permitting the next regular payment due to be extended one month after the termination date of the existing loan contract. This extension in no way otherwise alters the terms and conditions of the original loan contract as previously disclosed to the borrower. **Interest at the agreed rate will continue to accrue on the unpaid balance of the loan.**

Acct No. \_\_\_\_\_ Loan No. \_\_\_\_\_

Pmt. Amount \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Pmt. Date Skipped: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

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

Signature (If Cosigner) \_\_\_\_\_ Date \_\_\_\_\_

**All Borrowers/Guarantors who signed the original agreement must sign this form. All Line of Credit and Mortgage Loans are not eligible for this offer. Loan must be in effect for a minimum of twelve months prior to applying for a skip payment.**

**This form must be received by the Loan Department at least 10 days prior to payment due date**

<b>Office Use:</b>	Fee Processed: Cash By: _____ Suffix _____	CASH PMT <input type="checkbox"/>	PRD <input type="checkbox"/>	AOCH <input type="checkbox"/>	TRCH <input type="checkbox"/>	PMT Processed By: _____	Confirmation: ____/____/____ Mail ____ Phone ____ In Person ____	By: _____
		Set To Restart ____/____/____						