

Skip-A-Pay

We realize that some of our members may be experiencing employment related slowdowns or temporary closures that affect payroll deposits.

As a valued Gates Chili FCU member, you may be able to skip your March, April, and/or May payment, for up to two months, on your loan. And, if you have more than one loan, you can skip one month's payment for each! If your payment is made through payroll deduction or direct deposit, your payment will be deposited into your savings account. Interest will continue to accumulate on your loan during the month(s) you skip your payment.

The credit union will not charge a fee for this service. Take advantage of this special opportunity to relieve your budgeting concerns. Simply complete the information on the coupon below as follows:

1. Tell us which loan(s) you wish to skip and which month(s) you want to skip.
2. Sign the form – if there is a co-borrower on the loan, they must sign the form as well.
3. Fax it to (585) 247-3875, drop it off in the night box, email it to gfcu@gateschilifcu.org, or mail it to 2870 Buffalo Rd, Rochester, NY 14624.

Forms must be received **at least 5 days before your due date.**

If you have any questions, please give us a call at (585) 247-1090.

SKIP-A-PAY FORM

1. Tell us which loans and which months, you may choose up to two (2), you wish to skip:

Acct#: _____ Suffix: _____ Monthly Payment: _____ Due Date: _____ Month: March April May

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2. Are any of your loan payments made through automatic payments: Yes No

3. Borrower and Co-Borrower Authorization

By signing below, you authorize Gates Chili FCU to extend your payment by one (or two) month(s). Interest will continue to accrue on your loan during the month(s) you skip your payment(s). The length of your loan term will be extended. Payments made through Payroll Deduction or Direct Deposit will be deposited into your Savings Account. Offer excludes OwnersChoice mortgages and Visa loans. You must have made at least three (3) regular payments on your loan. All loan payments must be current to qualify.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____