



## FAMILY FIRST CREDIT UNION Skip-A-Pay Authorization Form

Use this authorization form to skip a payment on a Family First Federal Credit Union loan. Please read the following information before signing up for Skip-A-Pay:

1. You must complete one authorization form per eligible loan.
2. You may skip one full payment after six monthly loan payments are made on the following loans only: *Vehicle Loan, Personal /Debt Consolidation Loan, Miscellaneous or Share Secured Loan.*
3. All loans are limited to 1 Skip-A-Payment per year up to a maximum of 3 per life of loan.
4. There is a \$35 service fee to skip each payment on each loan.
5. Finance charges will continue to accrue on a daily basis.
6. Keep a copy of this authorization with your original loan documents.

Return your completed authorization form in person, by fax or mail. For additional details or assistance, please contact us at 585.586.8225 or visit [www.familyfirstny.com](http://www.familyfirstny.com).

Name _____		Home Phone _____	
Address _____			
Loan Account Number _____		Work/Cell Phone _____	
E-mail Address _____			
Deduct the \$35 service fee from:			
Account Number: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Attached Check <input type="checkbox"/> Other
Is your payment made through a secondary Financial Institution? <input type="checkbox"/> Yes* <input type="checkbox"/> No			
*If Yes, then two additional forms will need to be completed with a representative and returned with a voided check.			

You authorize us to allow you to skip one loan payment on the loan identified above and change your due date from \_\_\_\_\_ to \_\_\_\_\_. You understand that finance charges continue to accrue on a daily basis and this authorization amends the original loan agreement, which may change the total amount and the schedule of your repayment. You agree and understand that: 1) deferring your next payment will result in your having to pay higher total finance charges than if you made your payments as originally scheduled; 2) we need your request **five business days** prior to the due date if your payment is made automatically or electronically; 3) you will be required to resume your regular monthly payments in the following month; and 4) the fee to skip a pay is \$35.00. All deferrals are subject to Family First Federal Credit Union approval. Your Family First Federal Credit Union accounts, including all shares and loans, must be current (have no amounts past due) at the time you submit your payment skip request. Certain restrictions may apply.

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

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

**Return Your Completed Authorization Form To:**  
Family First Federal Credit Union  
2520 Browncroft Blvd  
Rochester, NY 14625  
Fax: 585.586.0915

FOR CREDIT UNION USE ONLY

FRONT OFFICE CHECKLIST

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Qualifying Loan Type: \_\_\_\_\_ Loan is Current: \_\_\_\_\_  
Minimum of 6 payments made: \_\_\_\_\_ Funds Placed on Hold: \_\_\_\_\_  
Is payment made through ACH: Y  N  If Yes, Stop and Start ACH forms completed: \_\_\_\_\_

BACK OFFICE CHECKLIST

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
  
Open Date: \_\_\_\_\_ Loan Type: \_\_\_\_\_ Completed By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Payment Amount: \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
  
Minimum of 6 payments made: \_\_\_\_\_ Loan is current: \_\_\_\_\_