

# Holiday Skip-A-Payment

Use this coupon to sign up for our Skip-A-Payment special! Skip-A-Payment during January or February on any of your qualifying 1<sup>st</sup> Gateway Credit Union loan(s)\*. There is a one-time \$25 fee per loan. Use the extra money to pay off those holiday bills!

**YES, I would like to Skip-A-Payment in: (Please Choose One)**      **January 2019**      **February 2019**

Account Number:

Account Holder Name:

Address

City:

State:

ZIP:

Loan(s) you would like to skip:

I understand that this coupon may be used to multiple loans. If you make your loan payment by Payroll Deduction or Direct Deposit, your payment will be deposited into your Share Savings Account. **Auto Debit from another financial institution requires 5 days advance notice in order to stop the loan payment from being withdrawn. Must have made at least 6 monthly payment to be eligible.**



Children's  
Miracle Network  
Hospitals  
Helping Local Kids

*A portion of the  
\$25.00 will go to the  
Children's Miracle  
Network!!*

Enclosed is a check for \$25 per loan

Debit my 1<sup>st</sup> Gateway CU Checking Account for \$25 per loan

Debit my 1<sup>st</sup> Gateway CU Share Account for \$25 per loan

***\*We are unable to debit your account at another financial institution***

***\*All borrowers must sign this form in order for it to be processed. Form must be received by 1<sup>st</sup> Gateway Credit Union at least 7 business days prior to your ACH being pulled.***

Borrower Signature:

Date:

Co-Borrower Signature:

Date:

By signing above, I authorize 1<sup>st</sup> Gateway to amend the terms of your original agreement and extend the final loan payment beyond its original maturity for each month I skip. I also understand that I will be required to make the payment(s) skipped prior to my final loan payoff and the interest will continue to accrue at the contract rate, including the month I have chosen to skip. This payment deferral will result in an extension of the maturity date and will increase the APR and Finance Charges disclosed on the original promissory note. I am aware that by skipping payment(s) the benefit from disability/life insurance, GAP policies, and or payment protection may be reduced by the amount of the payment skipped.

**Complete and return to any office or mail to: 1<sup>st</sup> Gateway Credit Union, PO Box 110, Camanche, IA 52730**

**\*Must be a member in good standing to qualify for Skip-A-Payment. First Mortgages are not eligible for this service.**

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## **FOR INTERNAL USE ONLY**

Payment type: (please check)      ACH      P/R      Auto Debit      OTC

Payment frequency:      Weekly      Bi-Weekly      Monthly      Semi-Monthly

Date Received:

Initials:

Date Processed:

Initials: