## **Skip Payment Request**



Borrower Name:			Co-	Borrower Name:		
Account Number:						
Loan Suffix(es):						
Month to Skip:						
payment will be depo advance notice in o	sited into your rder to stop tl	Share Savings Acco	ount. Auto Debit from being withdrav	om another financial vn. Must have made	Payroll Deduction or Direct Deposit, your I institution requires 5 business days at least 6 monthly payments on the mum of 7 skip payments for the life of	
I authorize the credit	union to deduc	ct a Skip Payment Fe	ee/Service Charge	of \$25 per loan from n	ny 1 <sup>st</sup> Gateway:	
Savings accoun	t Ched	king account Enclosed is a check for \$25 per loan				
A portion of the \$25 f	ee will go to th	e Children's Miracle	Children's Miracle Network.			
***1 <sup>st</sup> Gateway (	Credit Union is	s unable to debit yo	our account at and	ther financial institu	ition.	
All borrowers must business days prior	•		e processed. Forn	n must be received b	by 1 <sup>st</sup> Gateway Credit Union at least 5	
my final loan payoff a deferral will result in a promissory note. I an protection may be red	and the interest an extension of an aware that by duced by the a	will continue to accr f the maturity date ar skipping payment(s mount of the paymen ing. Mortgage loans	rue at the contract in the will increase the contract of the benefit from contract of the skipped.	ate, including the mor APR and Finance Ch lisability/life insurance	make the payment(s) skipped prior to onth I have chosen to skip. This payment sarges disclosed on the original s, GAP policies, and or payment the first 6 months of payments have	
Borrower Name Printed		Borrower Signature		Date		
Co-Borrower Name Printed		Co-Borrower Signature		Date		
1st Gateway Credit U	nion Hoo Only	,				
Received by	nion use Only		Date			
•						
Processed by			Date			
Payment Type		_				
ACH Origination	Auto	Transfer	P/R Ded	Other		
Frequency						
Weekly Bi-	Weekly	Monthly	Semi-Monthly			
Lending Assistant U	Jse Onlv					
Fee Paid	•				New Due Date	