



Healthcare Employees Federal Credit Union

Financial Solutions for Life

29 Emmons Drive, Suite C-40, Princeton, NJ 08540 • 800-624-3312 • www.hefcu.com

Do you have a loan with Healthcare Employees Federal Credit Union and need some time off from your payment? Now is your chance! To help lighten the burden on your budget, you have the opportunity to Skip-A-Payment on your loan. That's right! For a small \$25 per-loan processing fee, you can skip one monthly payment on a HEFCU Auto or Personal Loan. (Real Estate and Credit Card Loans are not eligible)

So go ahead. Give your budget some breathing room. Simply fill out and return the form below. If you have any questions, give us a call at 609-951-0700 option 3.

Skip-A-Payment Request

We must have your Skip-A-Payment Request in hand prior to the due date for which the skipped payment is elected. Fax completed form to us at (609) 275-4194 or mail it to us at 29 Emmons Drive, Suite C-40, Princeton, NJ 08540.

Yes! I would like to take advantage of the Skip-A-Payment program. I understand that for each monthly loan payment skipped, a \$25 processing fee applies. Please skip my payment(s) on the following HEFCU loans:

Auto Loan \$ Monthly Payment Amount

Personal Loan \$ Monthly Payment Amount

Please elect one month to skip your auto loan payment.

Please elect one month to skip your personal loan payment.

- January, February, March, April, May, June, July, August, September, October, November, December

- January, February, March, April, May, June, July, August, September, October, November, December

PAYMENT INSTRUCTIONS:

- Check Enclosed (made payable to HEFCU), or Please deduct the processing fee cost directly from my: HEFCU Share/Savings Account # HEFCU Share Draft/Checking Account #

Total # of loans requested for Skip-A-Payment: x \$25 per loan

Total Processing Fee Cost:

You understand that the credit union will be unable to process your Skip-A-Payment request if you do not have sufficient funds available in your HEFCU account to cover the processing fee or if your enclosed check is returned uncollectible.

Your signature indicates that you have read and understood all the terms and conditions of the Skip-A-Payment offer made by Healthcare Employees Federal Credit Union. All obligated borrowers or guarantors must sign this Skip-A-Payment Request Form.

Borrower's Name

Account Number

Borrower's Signature

Date

Co-Borrower's Name

Loan Suffix #1 Loan Suffix #2 Loan Suffix #3

Co-Borrower's Signature

Date

TERMS AND CONDITIONS: There is a \$25.00 processing fee for each loan payment you choose to skip. Funds to pay the fee must be available at the time this request is submitted. You may elect to skip one (1) monthly loan payment for each qualifying loan during a specific month for each 12-consecutive month period. For a loan to qualify, you must have made the last six (6) monthly payments. Offer good only for existing HEFCU accounts and loans in good standing. Delinquent HEFCU loans are not eligible for Skip-A-Payment. Acceptance of this offer will extend the term of your loan approximately one month. After skipping the one monthly payment, your next regular monthly loan payments will resume in accordance with your existing loan payment schedule. Credit protection insurance (including GAP insurance and credit life/disability insurance) purchased to cover your HEFCU loan(s) will be included on two (2) deferred payments in the event of a claim. Interest will continue to accrue on any unpaid principal balance(s) and may impact your final payment amount. Your scheduled monthly payment amount will not change, however the amounts applied to principal and interest may vary as a result of Skip-A-Payment authorizations. If your payments are made through Bill Payment from another financial institution, you must contact them for the month you are skipping to stop the payment from occurring. Skipping a payment will not affect your credit standing.

Credit Union Authorization

Date