

Skip-A-Payment Request Form

Submit this request form each time you want to skip your next monthly payment for an eligible RFCU Loan.

- 1. This form must be received by RFCU at least ten (10) business days before your loan payment is due.
- 2. You must complete one Skip-A-Payment Request Form per eligible loan that you would like request to skip a payment.
- 3. Return the completed form:
 - In-person at any branch location
 - By mail to:

Rockland Federal Credit Union ATTN: Loan Dept - SAPR Rockland, MA 02370

4. We will contact you *only* if your request is denied, by email, within 3 days of receipt of your request.

¹Eligible RFCU loans meet the following criteria: Consumer loans only. Skip-A-Payment is not available for mortgage, home equity or open-end loans such as VISA Cards and Lines of Credit. All member accounts must be in good standing and you must maintain at least a \$5.00 balance in a RFCU Share Savings or Checking account at all times. Loan payments must be current to qualify, and payments cannot be currently being paid by credit insurance.

(Please print)			
First Name:	Last Name:		
Email Address:		-	
Home Phone:	Cell Phone:		
	Payment You Want to	Skip	
The next monthly payment on the fol	lowing loan, due:		
Loan Type: Auto Perso	onal Loan Accoun	t Number:	
Please note: You are responsible for so have indicated. This request must be i		•	
	Signature		
month. Interest will continue You understand that your RFG	ze Rockland Federal Credit Unio to accrue on your loan during th CU loan must be eligible ¹ to subn t the credit union office at least :	ne month you skip you mit a Skip-A-Payment	ur payment. request.
Borrower Signature	Date Joint Borroy	wer (if required)	 Date