

# SKIP PAYMENT

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Return this form by mail, fax or in person to Family Focus FCU.

Member Name: \_\_\_\_\_

Loan Account Number: \_\_\_\_\_

Suffix Numbers: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**Deduct \$35 per loan skipped from: (Circle One)**

Family Focus FCU Checking  
Savings  
Check Enclosed

By signing below, I authorize Family Focus FCU to extend my final loan payment(s) by the term indicated. I understand that interest continues to accrue daily. The processing fee must be paid at the time this form is submitted. I must return this form to arrive no later than five days prior to the loan date I am requesting to skip. Payroll deduction requires a 30 day notice and results in two skipped pay periods before the monthly payment date. Some restrictions and credit qualifications may apply. Not valid on mortgage, home equity, single pay, credit card, overdraft protection or delinquent loans.

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Borrower's Signature\*

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Co-Borrower's Signature\*

\*All borrowers who signed on the original loan contract must sign this form.



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familyfocusfcu.org