



Holiday Skip-A-Pay 2017

Florida Hospital Credit Union is happy to offer our Holiday Skip-A-Pay Program once again!

Member Name: _____ Loan Number: _____

Call Back Number: _____

By completing this form, you are requesting to skip **one loan payment**. Please complete and return to us, at least 3 business days before your next loan payment. You may submit via email, fax, mail or drop off at any FHCU branch location. A maximum of 4 skipped payments are allowed for the life of a loan. A Skip-A-Pay form is required for each loan that a skip payment is being requested. **This offer expires on Jan 31st, 2018.**

Email: Fh.credit.union@flhosp.org

Fax: (407)-303-0918

Mail: Florida Hospital Credit Union- 601 E Rollins St. Box #104 Orlando, FL 32803

Exclusions: Real Estate Loans, Credit Cards, 12-12-12, Wild Fire, workout loans, credit builder loans, bankruptcy reaffirmations, and new loans with less than 3 months' payment history.

Terms and Conditions:

By opting for Skip-A-Pay, you request that FHCU defer your loan payment as indicated below.

1. Finance charges will continue to accrue at the rate provided in your original loan agreement, during and after the deferral period; this will result in greater total finance charges than if you made your payment as originally scheduled.
2. All loans must be in good standing (cannot be more than 10 days past due).
3. Each skipped payment will extend your loan maturity by one month. If you have GAP coverage, you are responsible for the missing payments in the event of a loan deficiency.
4. Extension of loan term does not extend expiration dates of life, disability, debt protection, gap, or other insurance contracts.
5. The \$35.00 service fee applies to each loan payment that you are requesting to skip for the indicated single month.
6. If your payment is made through Payroll Deduction, we will credit your payment to your FHCU Share Savings Account; you agree that you will resume making scheduled payments due during the month following the month skipped, and will make all scheduled payments thereafter.
7. Your account must have a savings balance of at least \$5.00.
8. Unless you enclose payment, the \$35 Service Fee will be deducted from your share savings account or your checking account, at our option. If there are insufficient funds to cover the fee, the payment in question MAY NOT be skipped and will be considered late if the payment is not made on the normal due date.
9. Other restrictions apply.

I would like to skip my payment in:

Dec 2017

Jan 2018

(Only available for the month selected, multiple months cannot be skipped)

Please deduct my \$35 Skip-A-Pay Fee from:

Savings

Checking

Payment Enclosed

X _____
Borrower's Signature

Date:

By Signing above, you agree to the Term and Conditions of FHCU's Holiday Skip-A-Pay Program.