

## **Omaha Federal Credit Union**

**Skip-A-Payment** 

## December

Use this authorization form to	Skip-A-Payment o	n an eligible Omaha Federal	Credit Union loan. *	
Name	Acco	Account#/Loan Suffix(s)		
Daytime Phone ( )	E-Ma	iil		
Return completed	form with the \$30	).00/per loan Skip-A-Payme	ent fee.	
How would you like to pay the \$30	.00/per loan fee?			
Deduct from my credit ur	ion checking acco	unt		
Deduct from my credit ur	tion savings accou	nt		
Check for fee is enclosed	\$			
****	* * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	****	
December	Signed form must be receiv	ed in our office 10 days prior to your Decem	ber payment.	
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	
*Your loan(s) must be on the credit union books Business loans or any Real Estate secured loans. defer the same loan payment ONE TIME durin delinquent or are delinquent now. All requests	Other excluded loans inc ng the Skip-A-Payment p	lude Overdraft Protection, Visa Platinum romotion. Deferrals will NOT be offere	and Visa Classic. You may only d on any loans that have been	
I/We understand that interest will continu contracted maturity date. I/We understand				
Member's Signature		Date		
Co-Applicant's Signature** **All parties to the original loan agreement, inclu	ıding co-borrowers, must s	Date		
By participating in Omaha Federal Credit Uni indicated. You agree and understand that 1)Fina after this time 2)Deferring your payment will re scheduled 3)The payment deferral will extend t resume your payment(s) the following month 5) original maturity date.	ance charges will continue sult in your having to pay he term of your loan(s) fo	e to accrue at the rate provided in your o 7 higher total finance charges than if you pr one month beyond contracted maturit	riginal loan agreement, during and made your payments as originally y date 4)You will be required to	
PLEASE PRINT	FORM, SIGN, AND RE	TURN TO OFCU BY THE ABOVE DE	ADLINE	
Mail to: Omaha Federal Credit Union 3001 S 82nd Ave	Fax to: 402-399-0129	email to: contactus@omahafcu.org	phone: 402-399-9001	

FOR CREDIT UNION USE ONLY: Date received \_\_\_\_\_\_ Original loan date \_\_\_\_\_\_ Due date advanced \_\_\_\_\_ By\_\_\_\_\_

Omaha, NE 68124