

## Skip-a-Payment Request

Yes, I would like to	SKIP my loan payment for the m	onth of	
Member Name To Account # From Account # E-Mail Address Address:	Suffix Suffix	Joint Name  Home Phone  Work Phone  Cell Phone  City/State/Zip	
Skip My Payment Due On		Payment amount	
<ul><li>Cash/Ch</li><li>Automat</li><li>Payroll [</li></ul> NOTE: Skip-a-Payment will I	ic Payment Deduction NOT be processed without payment of \$30.00 (per monthly or bi-weekly by direct deposit or payroll de		
<ul> <li>No Loan delinquent payme</li> <li>No more than 2 Skipped Pa</li> <li>Home Equity loans and Vis</li> <li>All parties on loan must sig</li> </ul>	payment for a minimum of six (6) months ints or overdrawn checking for the past six (6) considerations per loan in a twelve (12) month period with a loans are not eligible for the Skip-A-Pay option. In and date this form. In MUST be received at least 5 BUSINESS DAYS	th a period of six (6) months to lapse betweer	n each skipped payment.
Return Completed Form to	any one of our convenient offices:		
•DES PLAINES 58 E.	7. Northwest Hwy., Unit A, Barrington, IL 60010 Northwest Hwy., Des Plaines, IL 60016 D Lincoln Ave., Morton Grove, IL 60053	•FRANKLIN PARK 2701 N. 25 <sup>th</sup> Ave., •EVANSTON 2522 Green Bay Rd., Ev.	
maturity of my loan. Interes	thorize Partnership Financial Credit Union to a est will continue to accrue on the unpaid bala ected first. All other terms and conditions as s	nce during the month you skip the paym	nent, and when payments resume, the
Borrower's Signature	Date	Co-Borrower's Signatu	ure Date
Office Use Only			
PFCU REPRESENTATIVE SI	GNATURE		DATE
Fee	ACH Loan Payment Change Form Complete	D ( 0 1 1/1 1 CE014	