

Skip-A-Pay Program Enrollment

Form must be completed in its entirety, signed, and returned to:
North Platte Union Pacific Employees Credit Union, 420 Rodeo Rd, North Platte, NE 69101

I would like to DEFER my payment that's due on			(due date).	
Payment Amount \$	Ac	count Number	Loan Nu	mber
•	· ·		e to enroll in the program. ms may also be printed fro	
*YOU MUST WAIT 6 M	ONTHS FROM THE I	DATE OF DISBURSAL TO SK	(IP A PAYMENT ON SAID LOA	<u>.N.</u>
Member Name				
Address		City	State	Zip
Phone (<u>)</u>	Em	nail		
Deadlines, fees, and	terms			
• •	•	s form must be returned nt you would like to skip.	to the Credit Union by the	last business day of
* Fee is \$25.00 per lo	an (FEES ARE NON	N-REFUNDABLE)		
Check here if payr	ment is enclosed			
or				
Account number and	suffix		to withdraw fee from a	ccount.
		-	e. The \$25.00 fee must be paid BEFORE onds are not available at that time, we wi	= :
North Platte Union Pa	acific Employees C	redit Union to withdraw	er the Skip-A-Pay Program. the \$25.00 fee from the ac a accrue on the principle b	count listed above.
· · ·			date this 1-month loan ext	ension. Payment will
resume the following	month and therea	after until the total balan	ice of the loan is repaid.	
I/We also understan	d that I may only	do this <u>once</u> on each of	my loans per calendar yea	r.
x			Date	
	(Member signature)			
*Only one of the signers on the	original loan agreement mu	ust sign for the Skip-A-Pay form to be	e eligible.	
		For Credit Union Use On	nly	
Member Eligible	Fee Paid	Account Flag/Code Set	Processor's initials	Date