

To participate in the ONE Credit Union Skip-A-Payment program complete and sign this form and return it to us.

Member Name				
Member Numb	er			
Phone Number				
Email Address				
Co-Borrower / (Guarantor Nam	e		
I would like to sk	ip one regular pa	yment in	Please enter Month / Y	
The loan is unde	r account numbe	r #	and the loan num	nber is
I authorize ONE Credit Uunion to deduct the \$25.00 fee for the skipped loan payment from my ONE Credit Union Checking Account # or Savings account #				
skipped paymen that interest will o payment. You ac be added to your request. ONE CU within a twelve m date. ONE CU re not available on	t and regular pay continue to accru knowledge that y r loan on the skip J must receive th nonth period per l eserves the right t Home Equity Line	ments will resume a e on your outstandir our monthly premiu ped month, if applica is completed form p oan are permitted. T to change the terms es of Credit, Home E	arity date will be extended fter the skipped payment p ig principal balance during ms for credit life and disab able. The \$25 processing f rior to desired skip date. O he loan payments must be of the program without no equity Loans, Mini-Equity L conditions may apply.	beriod. You understand the month you skip your ility insurance will still fee applies to each skip only two skip payments e current prior to skip tice. Skip-a-Payment is
Member Signati	ure X			Date
Co-Borrower / G	Guarantor X			Date
	You can ret	urn the form to us b	/:	
	• Mail to: 3	517 Union Road, Ch	eektowaga, NY 14225	
	• Fax # 716	6-842-1623		
	 Email the 	form to info@onecu	iny.com	
	• You can a	also bring the form ir	person to any ONE CU o	ffice
For credit union only:				
Approved	Denied	Date		

Loan Officer signature ____