

**IRCO Community Federal Credit Union**  
**\*Skip-a-Payment Request**

Member Name:	Member Number:	Date:
Phone #	Work #	Cell #
Loan(s) to Skip: Note # _____ Note # _____ Note # _____	Month to Skip: __Jan __Feb __Mar __Apr __May __Jun __Jul __Aug __Sep __Oct __Nov __Dec	

**Transfer File or Payroll Deduction:** weekly, bi-weekly and semi-monthly payments occurring within the specified month will be skipped. If your loan payment is made through payroll deduction, the payment amount will be credited to your primary share savings account.

Return completed form to:  
 IRCO Community Federal Credit Union  
 ATTN: Special Services  
 450 Hillcrest Blvd. Phillipsburg, NJ 08865

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Terms and Conditions:**

By signing above, you authorize IRCO Community Federal Credit Union to extend your final loan payment by the number of payments skipped and you will continue to be responsible for the entire outstanding principal and interest of your loan. You agree to make payments beyond the original maturity date until all principal and interest is paid in full. The Credit Union reserves the right to cancel this program without notice and deny any further skip-a-payment requests. If denied for skip a payment, you will be notified in writing. Other conditions and restrictions may apply. **NOTE:** All members responsible for the original Note **MUST** sign this form.

**FOR INTERNAL USE ONLY:**

Request: \_\_\_\_\_ Approved; \_\_\_\_\_ Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

\*Excludes Student Loans