



Fax: (212) 957-1055

Email: loans@1199federalcu.org

Mail: 498 7th Avenue 2nd Floor, New York, NY 10018

Signature:

by fax, e-mail or by mail. ☐YES! I want to take advantage of the Skip-A-Pay Account Number: Name: \_\_\_\_\_ Email: Daytime Phone: Loans you wish to skip (choose one): ☐ Signature \_\_\_\_\_ ∐Share Sec. □Auto ——— Month you wish to skip: Terms: By signing the below, you authorize 1199 SEIU Federal Credit Union to extend the final loan payment by one month. Loan payments must be current for six months. (Please make sure the form is received before your first pay period of the selected month). I/We understand that my/our pledge of security shall remain in effect until the loan is fully repaid. I/We understand that any credit life, credit disability, and/or other debt protection on my/our loan will continue to be assessed until the new maturity date of the loan. Date: Signature: Print Joint Applicant Name (if applicable):

There is a \$45 processing fee for each loan skipped. Please complete, sign, and return this form

