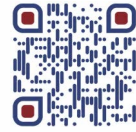




Skip-A-Payment Authorization Form

Please complete the form, print and sign.
The form can be sent by FAX, e-mail, mailing or via QR code.
Address: **LA Healthcare FCU, PO Box 17159, Los Angeles, CA**



Today's Date:

Member First Name:

Member Last Name:

Phone Number:

Email Address:

Account Number and Suffix:

Due Date:

Select Payment Month
you would like to Skip:

Jan	Feb	Mar	Apr
May	Jun	Jul	Aug
Sep	Oct	Nov	Dec

\$ 29.00 Skip A Payment Fee Authorization for Account

Check is enclosed

Debit Checking

Debit Savings

Regular Monthly Payment:

MEMBER SIGNATURE*

*By signing above, you agree to defer your designated loan payment(s) and to alter the terms of your original loan agreement and to repay the entire amount of your loan plus interest at your current interest rate. Also, you agree to pay the \$29 FEE. Interest will continue to accrue on the unpaid balance which may result in greater interest being charged. TWO maximum skips annually.

To qualify, new loans must have six (6) consecutive payments. Existing loans must have three (3) consecutive payments between each skip. All loans must be in good standing with the credit union and forms must be received no later than the due date. Submit the form via online, email to info@lahfcu.org or in-branch.



FOR CREDIT UNION USE ONLY:

Date Received:

Time Received:

Charged Member's Account by