



Northeast Family FCU
233 Main St.
P.O. Box 180
Manchester, CT 06045-0180
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www.nefamily.coop

Skip-a-Payment Request due to COVID-19

Primary Borrower

Name: _____ Member Number: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Loan Number(s): _____ Current Due Date: _____

Month(s) You Wish To Skip: _____

(three months maximum per loan)

Processing Fee Options

FEE WAIVED

Signature and Authorizations

You must be a member in good standing and all of your loans must be current to participate in Northeast Family FCU's Skip-a-Payment program. **Mortgage Loans, Home Equity Loans, and Credit Cards are not eligible.** No more than 3 Skip-A-Payments per [loan in 2020](#).

By signing below, you authorize NFFCU to advance your loan due date by one, two, three months (depending on request). You understand that this request may extend the term of your loan. You acknowledge that this request does not change your legal obligation to the Credit Union, that your loan agreement with the Credit Union provides for regular monthly payments, and that the Credit Union is merely informally permitting you to defer payment for the month indicated above. Interest will continue to accrue on the unpaid balance during the month you skip a payment. When payments resume, unpaid interest will be collected first. If approved, your regular monthly payment will resume immediately following the month(s) you indicate above. **NFFCU reserves the right to refuse any Skip-A-Payment request. Not eligible if member has other loans that are delinquent. If loan has a co-borrower, cosigner or guarantor, co-borrower/cosigner/guarantor must sign Skip-A-Payment request.**

Borrower Signature

Date

Co-borrower/Cosigner/Guarantor Signature

Date