

Holiday Skip-A-Payment Request

YES! I would like to participate in Bay Area Credit Union's Holiday Skip-A-Payment Program.

Please deduct the \$50 per loan processing fee from:

- Bay Area CU Savings account or
- Bay Area CU Spending account or
- Enclosed is my check for the \$50 Skip-A-Pay processing fee per loan.

I authorize Bay Area Credit Union to extend my loan payment as requested here. I understand that the skipped payment will be added to the end of my loan. In addition, I understand that interest will continue to accrue on the unpaid balance of my loan and that the skipped payment may cause my loan to extend beyond the expected maturity.

Account Number	Loan Suffix	Description	
	ment. A Financial Servic	finance another consumer loan fr ce Representative will contact you	
Daytime Ph. #:		SKIP (check one) Nov	Dec
Print Name:			
Signature:			
Cosigner Signature:			* * *
(Required if loan listed has co	signer)		
Skip-A-Pay loan processing fe questions or concerns with this	•	the loan. We will contact you if t	there are any

Some restrictions apply.