



# Don't have a melt down!

You can let it slide for a month at Seaport Federal Credit Union!  
That's right, with our Skip-A-Payment Program, you can skip one payment on any or all of your loans for one month!

Glide through the season with a lighter load and some extra cash for winter fun and games, holiday expenses or just to chill out!\*

As a valued member in good standing with the Credit Union, we invite you to slip through the month of December 2013 by skipping your payment(s) on any qualifying\* loans. Here's how it works:

1. Complete the Skip-A-Payment application below. Please note that the primary member and the co-signer/guarantor (if applicable) MUST sign the form.
2. Mail or fax the application to Seaport Federal Credit Union, ATTN: Skip-A-Payment, P.O. Box 2000, Elizabeth, NJ 07207-2000 or deliver to the Credit Union office or fax to 908-558-6482. *Applications must be received by November 15, 2013.*
3. There is a \$30 processing fee for each loan payment you choose to skip.

\*Interest will continue to accrue on your loan during the waived payment period. Credit Insurance Protection premium charges (if applicable) will continue to accrue. Your loan maturity date will be extended when your payment is deferred. All terms and conditions remain the same.



## SKIP-A-PAYMENT APPLICATION

### MEMBER INFORMATION

Account Number	Applicant
Home Phone	Co-Applicant
Work Phone	SSN/TIN

### PAYMENT TO SKIP

On these loans\*\*:

Loan # _____ \$30	Loan # _____ \$30
Loan # _____ \$30	Loan # _____ \$30
Loan # _____ \$30	Loan # _____ \$30

### PROCESSING FEE PAYMENT (choose one payment method)

- I am enclosing a check for \$\_\_\_\_\_ to cover processing fees.
- Please deduct \$\_\_\_\_\_ from my  Checking or  Saving Account #\_\_\_\_\_.

\*\*VISA, loans paid by Credit Disability Insurance and loans originated or extended after October 1, 2010 are ineligible. In order to qualify for Skip-A-Payment, your loan must be in good standing with the Credit Union. If the loan is or has been delinquent or over-the-limit, Seaport Federal Credit Union reserves the right to deny your request. If your request is denied, you will be notified.

By signing below, I/we agree to and understand the terms stated above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Return or FAX to: Seaport Federal Credit Union, 5080 Mc Lester Street, P.O. Box 2000, Elizabeth, NJ 07207-2000 or 908-558-6482

### FOR CREDIT UNION USE ONLY

Processed by \_\_\_\_\_ Date \_\_\_\_\_