

SKIP-A-PAY

A gift for you.....

- *Skip your December 2009 loan payment(s)*
- *No late penalties for skipping your payment*
- *Forms must be received by November 30, 2009.*

Complete the form below for each loan that you choose to have skipped. This offer is available on loans that are current and have had no delinquency over the past year. Some loans may not qualify for this offer.

To participate in SKIP-A-PAY, there will be a \$15.00 fee for each loan. The fee must be mailed in with the agreement. Completed signed agreements must be received in the office by November 30, 2009.

By signing below, I (We) _____
request the Louisiana Public Health Workers Federal Credit Union to skip the loan payments due for the month of December 2009 for the following loan suffix(s)

By doing so, I (We) _____
further agree to amend the terms under the original loan agreement and agree to repay the remaining unpaid balance plus interest that continues to accrue during the skip period at the original rate until paid in full beginning the following month.

Borrower Signature/Date

Cosigner Signature/Date

Credit Union Approval



1.800.256.9072 OR 504.838.5456
433 METAIRIE ROAD METAIRIE, LA 70005



LOUISIANA PUBLIC HEALTH WORKERS
FEDERAL CREDIT UNION