



1980 W. Broad Street
 Columbus, OH 43223
 Phone: 614-466-4988 / 800-434-7300 / Fax: 614-466-5118

FAX OR MAIL COMPLETED FORM

SKIP – A – PAYMENT REQUEST

I would like to take advantage of the skip-a-payment offer on the loan(s) indicated below:

Name: _____ Home Phone: _____

Account# _____ Work Phone: _____

Loan(s) requested for skip-a-payment:

Month and year to skip: _____ (if on payroll, the two bi-weekly pay periods occurring within that month will be skipped)

_____ Deduct my \$20.00 fee per loan requested from my savings account

_____ Deduct my \$20.00 fee per loan requested from my checking account

_____ My \$20.00 fee per loan requested is enclosed

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Terms and Conditions:

By signing above, you authorize State Transportation Employees Credit Union, Inc. to extend your final loan payment by the number of payments skipped and you will continue to be responsible for the entire outstanding principal and interest of your loan. You agree to make payments beyond the original maturity date until all principal and interest is paid in full. The \$20.00 processing fee will be paid by either share deduction or by cash/check and will not be added on to the loan balance. If more than one loan is requested, a processing fee will be assessed on each loan. If your loan payment is made by payroll deduction, the payment amount will be credited to your primary share savings account. Qualifying members must have had no delinquent payments (30 days or greater) within the past 24 months. New loan applicants are eligible for the skip-a-payment feature 60 days after the loan opening date and the loan must be current. Qualifying members are allowed to skip a payment once a year, based on the loan origination date. Please allow a minimum of two weeks for us to process your request. Interest will continue to accrue during the deferred payment period. The Credit Union reserves the right to cancel this product without notice and deny the skip-a-payment request. You will be notified of any denied request.

FOR OFFICE USE ONLY:

Request Approved/Denied: _____ Date: _____

Comments: