Holiday **Skip A Pay** Form 2025

Member Name			
Address			
City	State 2	Zip	
I want to participate in Skip A Pay	/!		
Program Details:			
By signing up for the Skip A is 2 bi-weekly or	Pay program, you can sk	cip one month (or a c	one month "equivalent," which
To qualify, a loan must be at leas When you skip a payment, interes maturity date will then be extend deduction or other automatic ded deduction(s) normally applied to	nce reasons, Home Equity Let 3 months old, and in goodst will continue to accumulated by one month (or a one aductions, the deductions will your loan will be deposited	oans, Mortgages, Line d standing. Ite on your loan during month "equivalent.") I occur as they normal into your share or share	s of Credit and VISA are not eligible.
Member Number:	I would	d like to skip my Janua	ry or February Payment(s):
☐ Yes, Skip Loan Type:	Payment: \$	(choose <u>one</u> m	nonth) 🗆 Jan. 2025 🔲 Feb. 2025
☐ Yes, Skip Loan Type:	Payment: \$	(choose <u>one</u> m	nonth) 🗆 Jan. 2025 🕒 Feb. 2025
	the amount of \$30.00 for <u>ea</u> from my (check <u>one</u>) ☐ sha		e/draft (checking) account
Signature	Joint Ac	count Holder	
Member Phone number:	email address		

By signing above, you authorize Bethlehem 1st FCU, to extend your final loan payment by one month or a one-month equivalent. Interest will continue to accumulate on your loan during the month skipped. Only loans that are current and in good standing are eligible. We must receive this completed and signed authorization no later than 2 weeks prior to your loan payment due date to be able to accommodate your request. You may only skip a payment on a loan one time in the course of a 12-month period. If your loan is in joint names, this form must be signed jointly.

Complete and sign this form, then mail, scan & e-mail, fax or hand-deliver it to:



Bethlehem 1st FCU
2317 Easton Ave. Bethlehem, PA 18017-5099
E-mail: service@beth1st.org FAX: 610-691-8624

