Vacation Skip A Pay Form 2020

Only one skip permitted annually.



Member Name				
Address				
City	State	e	Zip	
2 semi-monthly payments.) your convenience we can de	If you wish to participate, to duct the fee from a Bethle npliance reasons, Home Ec	there is a modest hem 1st FCU acco quity Loans, Mort	processing feed ount, or you ca	juivalent," which is 2 bi-weekly or e of \$30.00 per loan skipped. For n send us payment with your Credit and VISA are not eligible.
	tended by one month (or a d to your loan will be depo	a one month "equosited into your sl	uivalent.") If yo nare or share/o	
Member Number:		I would like to ski	p my July or Au	ugust Payment(s):
		_ Payment: \$ (choose <u>one</u> month) ☐ July 2020 ☐ August 2020		
☐ Yes, Skip Loan Type:	Payment: \$	_ (choose <u>one</u> mo	onth) 🗖 July 20	20 🛘 August 2020
I have: □ Enclosed a check	in the amount of \$30.00 fo	or <u>each</u> loan skipp	ped	
☐ Authorized a tran	sfer from my (check <u>one</u>)	☐ share (savings) 🗆 share/dı	raft (checking) account
IMPORTANT: If your loan	is in joint names, this fo	orm <u>must</u> be sig	ned by <u>both</u> k	oorrowers.
Signature	Joint /	Account Holder		
Member Phone number:			_	
By signing above, you authorize Bet	thlehem 1st FCU to extend your an during the month skipped. On	final loan payment b	y one month or a	one-month equivalent. Interest will tanding are eligible. We must receive this

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