

## Skip-A-Pay Request

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Loan(s) Being Skipped *(Car Loan, Visa Credit Card, etc.):* \_\_\_\_\_

Employer *(Name of Govt. Agency/Dept. or Govt. Contractor):*  
\_\_\_\_\_

**Eligibility:** To qualify, your membership must be in good standing with all loan payments current. Eligibility may be subject to Credit Union approval. Offer includes all APL FCU loan types except first mortgages. **This completed application must be received at least 3 business days before the next loan due date.**

**Disclosure:** I understand that participating in APL FCU's Skip-A-Pay program does not alter the terms and conditions of the original loan agreement except to allow for the deferment of one monthly loan payment. Finance charges will continue to accrue during the deferment period, the original maturity date of closed-end loans will be extended and the total finance charges paid on the loan may be higher than the original amount disclosed. Deferred payments may affect coverage of other products, such as credit life and disability insurance. Other restrictions and exclusions may apply.

I understand that APL FCU does not consider the deferred payment to be a late or missed payment. Participating in the Skip-A-Pay program will have no negative affect on my credit report(s).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Once you have completed and signed this application, you may:**  
bring it to any APL FCU branch location,  
fax it to 443-778-5771, or scan/email it to  
[LoanServicing@aplfcu.org](mailto:LoanServicing@aplfcu.org)