

USPLK Employees Federal Credit Union
 16055 Santa Fe Trail
 Leavenworth, KS 66048
 913-682-2928 TEL
 913-682-2991 FAX
www.usplkefcu.com

**VOLUNTARY SKIP PAYMENT
 REQUEST AND AUTHORIZATION**

In this Request and Authorization, the reference to "US", means the Lender. The words "YOU" or "YOUR" mean each person accepting this Agreement. If this is a joint account, read singular pronouns in the plural.

Borrower (s) Name and Address:	Date: _____
	Account # _____ L# _____ Method _____
	L# _____ Method _____ L# _____ Method _____
	L# _____ Method _____ L# _____ Method _____

Instructions: If your loan account is in good standing, then except for mortgage and home equity accounts, you may elect to skip December's payment (s). In order to request a skip payment, you must complete the Voluntary Skip Payment Request and Authorization form below in its entirety and return it to USPLK Employees Federal Credit Union signed by each borrower listed on the loan. The Request and Authorization must reach us prior to the due date of the payment being skipped and must either be sent to us via facsimile machine at 913-682-2991 or mailed to USPLK Employees Federal Credit Union 16055 Santa Fe Trail Leavenworth KS 66048.

You understand that Interest will continue accruing on the unpaid balance of Your loan at the Simple Interest Rate designated in Your Agreement until Your balance is paid in full, and that skipping a payment will extend Your loan.

VOLUNTARY SKIP PAYMENT REQUEST AND AUTHORIZATION			
If you would like to skip a payment, please complete this authorization by indicating which account(s) that You would like to skip payment and the manner in which You would like to pay the skip payment fee. Then sign the authorization and return it to USPLK Employees Federal Credit Union 16055 Santa Fe Trail Leavenworth KS 66048.			
Skip payment fee: \$10.00 donation to (CASA and LV interfaith Community of Hope) per loan account skipped x _____ (# of loan accounts listed) = \$ _____ (total fee due)			
Method of payment: _____ Transfer from account# _____ Circle one: Checking or Savings _____ Payment enclosed (please make check payable to USPLK Emp Fed CU) please do not mail cash			
_____		Any loan on Opti Pay? Y or N if so, Ln# _____ Amount\$ _____	
Account #/Loan # (s)		Ln# _____ Amount\$ _____	
_____	_____	_____	_____
Borrower Signature	Date	Borrower Signature	Date